

Washington State
PATH Application 2006

INALVersion 7

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 31, 2006	Applicant Identifier N/A
Reapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE April 14, 2006	State Application Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier SMX 060048-02

5. APPLICANT INFORMATION

Legal Name: Washington State Dept. of Social & Health Services		Organizational Unit: Department: Health and Rehab. Services Administration	
Organizational DUNS: 96-2124509		Division: Mental Health	
Address: Street: P.O. Box 45320, 1115 Washington		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
City: Olympia		Prefix: Mr.	First Name: C.
County: Thurston		Middle Name: H. "Hank"	
State: Washington	ZIP: 98504	Last Name: Balderrama	
Country: U.S.A.		Suffix: MSW	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	1	-	6	0	0	1	0	8	8
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Phone Number (give area code): (360) 902-0820	FAX Number (give area code): 360) 902-7691
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8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ Revision

If Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

A	C
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Other (specify):

7. TYPE OF APPLICANT: (See back of form for Application Types):

A. State

Other (Specify): N/A

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9	3	-	1	5	0
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TITLE: (Name of Program): PATH

9. NAME OF FEDERAL AGENCY:

SAMHSA Center for Mental Health Services

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

PATH Formula Grant Program for Homeless Mentally Ill

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Washington State including Clark, Greater Columbia, King, North Sound, Peninsula, Pierce, Southwest, Spokane and Thurston-Mason Regional Support Networks

13. PROPOSED PROJECT:

Start Date July 1, 2006	Ending Date June 30, 2007
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3	b. Project 2, 3, 4, 5, 6, 7, 8, & 9
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15. ESTIMATED FUNDING:

a. Federal	\$	1,067,000
b. Applicant	\$	
c. State	\$	
d. Local	\$	354,280
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	1,421,280

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. ☐ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DA
TE

b. ☒ NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms	First Name Christine	Middle Name
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Last Name Gregoire	Suffix
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b. Title Governor	c. Telephone Number (give area code) (360) 753.6780
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d. Signature of Authorized Representative 	e. Date Signed May 31, 2006
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Washington State PATH Application 2006

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		\$544,184	\$203,436			\$747,619
b. Fringe Benefits		\$161,436	\$60,253			\$221,690
c. Travel		\$23,474	\$18,240			\$41,714
d. Equipment		\$21,265	\$11,633			\$32,898
e. Supplies		\$9,427	\$6,302			\$15,729
f. Contractual		\$159,159	\$57,867			\$217,026
g. Construction		\$0	\$0			\$0
h. Other		\$105,874	\$47,585			\$153,459
i. Total Direct Charges (sum of 6a - 6h)		\$1,024,879	\$405,316			\$1,430,135
j. Indirect Charges		\$42,181	\$22,835			\$65,016
k. TOTAL (sum of 6i and 6j)		\$1,067,000	\$428,151			\$1,495,151
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)					
	(b) First	(c) Second	(d) Third	(e) Fourth		
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

SF 424 A
Budget Narrative

The Washington State Mental Health Division (MHD) will contract with eight local mental health authorities, known as regional support networks (RSNs) for the provision of services funded through the Projects for Assistance in Transition from Homelessness (PATH). All RSNs will sub-contract with at least one state licensed, private, non-profit mental health center to deliver services; four will sub-contract with two agencies. Twelve projects are operating now.

Match funds are available at the beginning of the award. Please refer to cover letters from each of the RSNs in Section C, Local Provider information of this application.

All RSNs assure local match. Match funds come from the RSN in cash, from the local agency in cash or in kind, or from a combination of the two. The MHD has established a practice requiring RSNs to submit amount of match provided with each claim for PATH funding.

All RSNs will receive level funding despite a minor federal funding decrease. A minimum funding base of \$42,000 has been established for any PATH project. The costs of participation in a data collection project and equipment are added to the allocation. All three amounts must be matched in the amount of thirty-four percent of the total award.

Each RSN is assessed costs for contribution to a data collection contractor. Costs are proportionate to the amount of PATH funds awarded to the individual RSN. Federal funds also are awarded to cover the cost for data collection RSNs must contribute non-federal match.

Administrative funds will be used by the state PATH contact to participate in national and local homeless conferences and training. Administrative costs are 2.3% federal funds to be received. Indirect charges are \$25,000 for State Administration. The balance of Indirect (\$17,181) is distributed to various programs, as detailed in individual budget narratives.

Reserve funds, listed in Other, in the amount of \$61,990 will be held to provide for a special project to be determined. The balance of Other, \$43,886, is detailed in individual budget narratives by project.

Grand total at SF 424 and budget summary, below, vary at match due to SF 424 reflecting commitments made by program, summary is projected as required at 3:1 federal, non-federal.

Funds will not be used to support emergency shelters, for inpatient psychiatric or substance abuse treatment or to make cash payments to intended recipients of mental health or substance abuse services

Washington State
PATH Application 2006

Washington State PATH Budget
Federal Fiscal Year 2006

FFY 06 Allocation 1,067,000
FFY 05 (Current) Allocation 1,079,000
Amount of Increase -12,000
% Decrease -1.12%

	Base Funding 2006-07	Base Funding Percent of Awarded Funds	Indirect Award for NW Res Assoc.	Base Funding Plus Data Collection	Palm Pilots per Agency	Allowance for Palm Pilots	Direct and Indirect Awards	MATCH AT 34%	Recipient Budget Totals
Gtr Columbia--Comprehensive	\$49,079	5.45%	\$4,152	\$53,231	2	250	\$53,481	\$18,183	\$71,664
Gtr Columbia--Lourdes King	\$42,000	4.67%	\$3,553	\$45,553	2	250	\$45,803	\$15,573	\$61,376
N. Sound---Compass Health	\$240,901	26.77%	\$20,378	\$261,279	11	1,375	\$262,654	\$89,302	\$351,956
N. Sound--Whatcom Psych Peninsula	\$128,753	14.31%	\$10,891	\$139,644	2	250	\$139,894	\$47,564	\$187,458
Pierce--Comprehensive	\$42,000	4.67%	\$3,553	\$45,553	2	250	\$45,803	\$15,573	\$61,376
Pierce--Greater Lakes	\$47,463	5.27%	\$4,015	\$51,478	2	250	\$51,728	\$17,587	\$69,315
Southwest	\$132,555	14.73%	\$11,213	\$143,768	2	250	\$144,018	\$48,966	\$192,984
Spokane	\$42,000	4.67%	\$3,553	\$45,553	2	250	\$45,803	\$15,573	\$61,376
Thurston Mason	\$91,138	10.13%	\$7,709	\$98,847	3	375	\$99,222	\$33,736	\$132,958
Totals	\$42,000	4.67%	\$3,553	\$45,553	2	250	\$45,803	\$15,573	\$61,376
	\$899,889		\$76,121	\$976,010	32	\$4,000	\$980,010	\$333,203	\$1,313,213
Reserve	(Proof)	100.00%	(Proof)	\$976,010	(Proof)	4,000 (Proof)	\$980,010	(Proof) \$333,203	\$1,313,213
				\$61,990			\$61,990	\$21,077	
							SUB- TOTAL	\$1,042,000	\$354,280

<u>SUMMARY</u>			
06 Base Funding Awards Sub-total	899,889		
NW Resources			
06 costs	76,121		
Palm Equipment			
Costs	\$4,000		
Subtotal PATH awards	980,010		
Admin, MHD	25,000		
Admin Percent of Federal Award		2.3%	
Reserve	61,990		
Total	\$1,067,000		
Match required of providers and reserve		\$354,280	
Provider Match			
Percent of federal award			33.20%
Match total		\$354,280	
Match for total CMHS Award			33.20%
TOTAL BUDGET			\$1,421,280

Assumptions

1. Established providers get level funding
2. Base Funding becomes 42,000
3. Each agency is assessed a participation amount towards the cost of Palm Pilot data collection; the amount of the award is based on percentage of total awarded funds the agency receives, e.g. receive 10% of award, assessed 10% of NW Res. Assoc project costs
4. Each agency is required to contribute non federal funds at 34% of total base award and Palm Pilot Allocation as match; MHD awards one contract to NW Resource Associates; agencies receive service.
5. MHD Admin at \$25,000 or 2.3%
6. Reserve of \$94,843 to be matched prior to award

Section A
Executive Summary

1. Organizations to Receive Funds

The Washington State Department of Social and Health Services, Mental Health Division (MHD) is the State PATH recipient and administers the project statewide. It contracts with local mental health authorities composed of individual or multiple county groups, known as regional support networks (RSNs) to deliver services. The RSNs provide local oversight and sub-contract with local, state licensed private, non-profit mental health agencies to provide services directly.

MHD contracts with eight RSNs. All of them contract with at least one mental health agency; four contract with two providers, for a total of 12 provider agencies. Providers are located in large urban as well as in rural areas. One RSN declined a contract this year, one was not offered a new contract; two new projects were added.

2. Service areas

The RSNs and providers are as follows.

- Greater Columbia RSN—Central WA Comprehensive MH, Yakima (SR), and Lourdes Counseling, Richland (SR)
- King RSN—Downtown Emergency Service Center, Seattle (UR), and Seattle Mental Health, Auburn (SU)
- North Sound RSN --Compass Health, Everett,(UR/R) Whatcom County Psychiatric Clinic, Bellingham (UR/R)
- Peninsula RSN—West End Outreach Services, Forks (R)
- Pierce RSN--Comprehensive Mental Health and Metropolitan Development Center, Tacoma, (UR) and Greater Lakes MHD, Lakewood (SR)0
- Southwest RSN, Lower Columbia MHC, Longview (UR/R)
- Spokane RSN--Spokane Mental Health and REM, Spokane (UR)
- Thurston-Mason RSN—Behavioral Health Resources, Olympia (UR/R)

(UR = Urban; SU = Suburban/Semi-Rural SR = Urban city with rural service areas; R = Rural)

A map is provided with this application, which displays the location of RSNs and providers. It is located following this Executive Summary.

3. Services to be Supported by PATH Funds

Services to be provided include: * outreach; * screening and diagnostic treatment; * habilitation and rehabilitation services; * community mental health; alcohol, drug and co-occurring disorders services; * staff training; * case management; * placement in housing and related services; * referrals for health, training, educational and other supportive services. A list of services, by RSN is provided, after the state map.

4. Number of Clients to be served

The total number of people to be served is projected to be 2,825.

Section B
State-Level Information

1. **State Operational Definitions**

Washington State operational definitions have been shaped in various ways. Federal definitions of homeless, imminent risk, serious mental illness and co-occurring mental illness and substance use disorders are foundations for local practice. In addition, Washington PATH recipients were involved reviewing the service definitions developed by the national PATH Administrative Work Group in the last two years.

At the beginning of the current federal fiscal year (FFY), Washington voluntarily adopted the service definitions of the Administrative Work Group and is using them currently as their reporting base.

Please see Appendix A, Page 199 for PATH reporting definitions used in Washington.

The following definitions used in Washington are consistent with Center for Mental Health Service federal definitions.

A. Homeless means an individual who:

- lacks housing, a fixed, regular and adequate night time residence, or
- has a primary night time residence that is:
 - a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
 - an institution that provides a temporary residence for individuals; or
 - a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

B. Imminent risk of becoming homeless is defined as "at risk of becoming homeless", and includes: a) individuals (with a serious mental illness or co-occurring substance use disorder) or families (with an immediate family member who has a serious mental illness) who have a recent history of homelessness; b) an individual or family that is currently "doubled up" or are otherwise temporarily and/or inadequately housed in a residence that is not their own; c) a person living in inadequate housing or who may be at risk of becoming homeless in the near future; d) a person who is being discharged from a health care or criminal justice facility without a place to live.

C. Serious mental illness means an adult (age 18 or over) individual with a diagnosable and persistent mental or emotional impairment that seriously limits the person's major life activities and/or ability to live independently. For purposes of outreach and engagement, the individual may exhibit symptoms of serious mental illness.

D. Co-occurring serious mental illness and substance abuse disorders involve individuals who have at least one serious mental illness and a substance use disorder. The mental disorder and substance use disorder can be diagnosed independently of one another.

E. Substance Abuse is defined by Washington Administrative Code (WAC) 388-805-005 as, "recurring pattern of alcohol or other drug use that substantially impairs a person's functioning in one or more important life areas, such as familial, vocational, psychological, physical, or social."

2. Number Of Homeless Mentally Ill By Region

There are fourteen local mental health authorities in Washington State. The RSNs are composed of individual or multiple counties that operate through inter-local agreement, with one county serving as the administrator. A recent ruling by the federal Centers for Medicare and Medicaid Services (CMS) has affected the ability of RSNs to serve people who are not Medicaid recipients except for crisis and limited short term outpatient services. The ability of RSNs and provider network community mental health agencies is now further limited in providing outreach and engagement to people in need of mental health care.

Appendix B displays the number and percentage of people without Medicaid who were served in Washington, by RSN, from state fiscal year (SFY July 1, through June 30) 2003 through 2005. Statewide the number of people without Medicaid increased by 1,253 people in 2004 compared to 2003. In 2005, following the ruling by CMS, the number of people without Medicaid served statewide dropped by 4,650. Five of the eight RSNs with PATH programs served a lower percentage of people without Medicaid. Seven of the eight served fewer numbers of people without that benefit.

This statistic is notable in that PATH projects have the ability to conduct outreach and engagement for people who may be eligible but who don't have disability or health benefits. While the number of people statewide without Medicaid benefits has dropped, PATH services are intended to assist eligible to access those services and transition into mainstream mental health and other needed services.

Appendix C indicates the number of homeless people served in the public mental health system from SFY 2003 through 2005. It presents a pattern similar to that of Appendix B. There was a drop in the number of homeless people served from 2003 to 2004; there was an increase from 2004 to 2005. Additional investigation is needed, but it appears that PATH projects may have served to assist PATH eligible people to access mental health services.

The RSNs with the highest estimated numbers and percentages of homeless mentally ill are listed in the table on the following page. There are PATH projects in seven of the eight RSNs with highest percentages and numbers of projected homeless mentally ill people. Previously there was a PATH project in Clark RSN, but a decision was made locally not to continue the project.

STATE OF WASHINGTON 2003
Final Homelessness Mental Illness Estimates by RSN

RSN	Estimated Number of Homeless Persons	No. of Homeless SMI Using 35% Estimate	Total Pop (2000 Census)	Percent Homeless SMI to Population	PATH Funding
Spokane	3,699	1,295	417,939	0.310	Yes
King	7,980	2,793	1,737,034	0.161	Yes
Pierce	2,698	944	700,820	0.135	Yes
Clark	1,071	375	345,238	0.109	Declined
Peninsula Greater	1,001	350	322,447	0.109	Yes
Columbia	1,711	599	599,730	0.100	Yes
North Sound	2,711	949	961,452	0.099	Yes
Thurston- Mason	724	253	256,760	0.099	Yes
North Central	369	129	130,690	0.099	DNA
Chelan- Douglas	280	98	99,219	0.099	DNA
Timberlands	263	92	93,408	0.099	Withdrew
Southwest	262	92	92,948	0.099	Yes
Northeast	195	68	69,242	0.099	DNA
Grays Harbor	189	66	67,194	0.099	DNA
State Totals	23,154	8,104	5,894,121	0.137	

DNA--Did not apply

For a graphic display of PATH project locations, please refer to the state map that displays RSNs and project locations. The display is located in this application following the State Level Information narrative.

3. **PATH Allocations**

a. **Allocations In Relation To Need For Services**

Under current state law, MHD contracts with RSNs for delivery of crisis, inpatient and outpatient mental health services. RSNs sub-contract with licensed community mental health agencies for direct delivery of services. While it is not a state law, the MHD requires that PATH awards be contracted to RSNs, which then sub-contract with state licensed mental health agencies to deliver PATH services.

This arrangement provides for consistency in contracting procedures. RSNs, already responsible for monitoring sub-contracted provider agencies, assign an RSN PATH contact to provide local contact and monitoring. Applications for funds are submitted through RSNs, although provider agencies contribute to the process by contributing information about capacity and intent.

This requirement provides for a "ready made" supportive environment of mental health consultation and adjacent services for PATH outreach workers to access on behalf of their clientele. It also promotes the transition of a person from PATH enrollment to enrollment in the local mental health system of care.

For the last three years, MHD has announced funding for new PATH projects and has provided planning assistance in RSNs without them. Ongoing projects receive contracts from October 1 through September 30. New projects are brought on April 1, with an initial contract through September, then are offered contracts consistent with time frames for other RSNs. Funding for new projects has been awarded to RSNs which have applied.

In the current year, through local monitoring and in conjunction with MHD consultation, a PATH provider was not offered continued funding. MHD concurred with the decision. The RSN then conducted a competitive procurement process, and the contract was awarded to a new provider.

In another RSN, a decision was not made not to continue to provide PATH services. MHD did not concur with the rationale behind the decision, but the decision not to continue the project was within the authority of the RSN to make.

MHD already had planned to announce availability of funding for a new project and did so. That contract was awarded in eastern Washington, where there are now three PATH projects.

Washington has been involved in promoting SSI/SSDI Outreach Access and Recovery (SOAR) for the last year and a half. A joint training project was staged in March 2005, jointly with PATH in Oregon. Subsequently MHD sponsored facility of costs in Fall 2005 for PATH training conducted through the SOAR project. MHD also has assisted staff from Washington, who attended SOAR train the trainers training in Washington, D.C. in December 2005, to arrange training for PATH and other providers of services to homeless people.

MHD currently is in the process of making final arrangements to obligate the funds from the project that was declined on a one time only basis. The funds are intended to support one staff person, based in a Department of Social and Health Services (DSHS) Community Service Office (CSO). Local CSOs receive applications for various federal and state funded benefits, including presumptive eligibility determinations and decisions about disability benefits.

The Belltown CSO, north of downtown Seattle, has established expertise in gathering information and expediting applications for disability and other benefits. One of the people who attended the Train the

Trainers session is based there. The person to be hired in the one time only project will receive orientation initially and have continued communication with staff in the Belltown CSO to support his or her work and promote the establishment of SOAR where the project is located.

The person to be hired is expected to be based in Pierce County (Tacoma and surrounding areas). The person will be responsible to provide presentations and training to PATH projects and to others who serve people who are homeless and likely to be PATH eligible. The people to receive that training will include providers of housing services, mental health and substance abuse agency staff, corrections and law enforcement personnel and others. Training for them will be consistent with the SOAR model. The project person also will be responsible to provide case specific consultation and assistance to people assisting homeless, mentally ill people to apply for benefits. The premise is that a cross section of people who are in contact with homeless people who may be qualified for benefits will be better able to assist in collecting needed documentation, which will result in more applications being approved on first application in shorter time frames.

b. Consideration In PATH for Entities With Demonstrated Success in Serving Homeless Veterans

Annual announcements are made to RSNs about the availability of PATH funds for new projects. Part of the announcement includes the IUP questions and format from the annual federal application for states for PATH funds. The IUP in the MHD application process included a question for respondents to indicate whether and how they might demonstrate effectiveness in serving homeless veterans.

Only one application was received, and the review panel determined that the response merited a funding award. The agency does have established communication with the regional Veterans' Administration person who promotes services for homeless veterans.

That same person participated in a Policy Academy in 2004, as did the Washington State PATH contact. Subsequent to that, communication between the regional VA office and MHD has increased. The regional representative and the State PATH contact met with VA outreach staff at American Lake Veterans Hospital in 2005, and coordination efforts were outlined. PATH project staff and VA outreach staff were provided contact information and were encouraged to establish local arrangements for referral.

PATH outreach staff are more readily able to provide outreach to homeless veterans and others. VA staff have greater working knowledge of VA programs, benefits and eligibility processes. The intent has been for PATH staff to connect homeless veterans to VA staff.

4. Services and State Comprehensive Mental Health Plan

The Washington State comprehensive mental health plan is developed and guided by the State Mental Health Planning and Advisory Council (MHPAC). It is revised on an annual basis. MHPAC has representation from people who serve homeless mentally among its membership.

The Council has been active this year in supporting the work of the federal transformation grant initiative. Washington is one of seven states that received a five year mental health transformation grant. Although the funds were awarded to Washington through the Governor's office, the Mental Health Transformation Grant (TWG) project and all staff are stationed in the headquarters office of the Mental Health Division. This has served to provide closer communication and coordination between MHD and TWG.

A significant number of sub-committees and workgroups have been established through the work of the TWG. Among them is a workgroup on homeless, mentally ill people. That workgroup, along with others, is reviewing plans being drafted by sub-committees to assure that each of them has provisions to assure services for homeless people are included in their planning work.

The state PATH contact coordinates with the MHD federal block grants administrator and MHPAC in the use of PATH and federal block grant funds. He is a member of the Balance of State Continuum of Care Committee and coordinates service planning with that committee also.

5. Use of Mental Health Block Grant Funds

In each of the last three years, federal block grant funds have been used to support facilitated planning sessions in various parts of the state. Common Ground, a well established private, non-profit housing specialty agency has conducted the planning in RSNs designated by the state PATH contact. The planning sessions have occurred primarily in locations where there was no current PATH project.

RSNs are offered assistance in determining local housing needs for homeless mentally ill individuals and others, in projecting additional needed capacity and in identifying strategies to reach the capacity. RSNs receive the planning with the understanding that they will conduct organizing activities. A condition of receipt of this service is that RSNs are asked to invite housing, substance use service providers, law enforcement and others to the planning table.

Prior to the planning session, the organizers and participants are provided with preliminary information by the facilitator. During the planning day, they are assisted to identify local needs and to coordinate efforts to address them. A written summary of the day's events and agreements follows soon after. Recommendations are part of the summary. Follow up consultation has been available by telephone.

Planning sessions have been provided in six locations around the state in the last three years. Two new PATH projects have been established among the six planning recipients. One location applied for and received federal housing funding to establish a twelve unit facility to serve mentally ill people.

Funds were used to support the annual Washington State Coalition for the Homeless state conference in May 2005. PATH recipients and others who serve homeless, mentally ill people received financial assistance to support their attendance at the conference.

This year, in addition to support for people to attend the annual conference on homelessness, board members of the Coalition are being sponsored to attend the annual behavioral health conference staged by the state Mental Health Council. These two efforts are intended to promote greater interaction and coordination of efforts among providers of mental health and housing services locally and statewide.

6. Programmatic and Financial Oversight of PATH Providers

Washington State PATH funds are awarded to local mental health authorities, Regional Support Networks (RSNs) that sub-contract funds to local, state licensed mental health agencies to deliver services directly. Ongoing program and fiscal monitoring of PATH programs is conducted locally by the contracting RSN.

State regulations (Washington Administrative Code or WAC) are the base of community mental health center operations. PATH projects operate within licensed agencies, and consideration is given to the fact

that minor variance may need to be observed in PATH operations, understanding the difference in target populations.

Local programmatic oversight is meaningful. One RSN determined, through a series of unsuccessful program reviews of a PATH project, that the project would not be offered continued funding. The State PATH contact was significantly and continually involved in discussions with the RSN about this development. That included a joint meeting with the previous PATH provider in late Spring 2005, at which multiple concerns about program operations were expressed both by RSN and state representatives. The program was offered support and assistance to improve its performance. A subsequent site visit by the RSN resulted in the decision not to offer continued funding, which was supported by the State.

The State PATH contact is in regular communication both with RSN PATH contacts and PATH project managers. This affords a working knowledge of local program developments and progress, which at times is informal but which is useful to understand which programs may require support and technical assistance.

As an example, for the last three years, new programs have been started in April, half way through the state contract year. Because full year funds are awarded at that time, funds have been unexpended at the end of the contract. Those funds have been carried forward, consistent with federal funding requirements. Programs have been in communication informally with the State PATH contact about one time only use of the funds. A formal proposal then is sent through the RSN PATH contact, and a contract amendment is made.

Financial oversight is conducted regularly at the state level. RSN PATH contracts allow for reimbursement claims as often as monthly and are to be submitted no less often than quarterly. PATH contracts incorporate both the amount of federal funding to be awarded and the minimum amount of match required of each RSN.

When billing claims are received by the State PATH contact, the amount of match submitted is compared to the amount of federal funding being claimed. Washington requires an even 34% match of federal funding. If the amount of match being certified by the claimant is not equal to or greater than 34% of federal funding, the RSN is contacted for further communication prior to authorization of payment by the State PATH contact.

This method is supplemented by staff of the fiscal section of the State MHD. Fiscal staff keep an individual record of federal funds obligated and match required at the beginning of the contract year. As claims are received, claims for payment and match submitted are recorded. This provides for additional monitoring of issuance of federal funds and assurance that match contributions are current. Fiscal reports for all PATH projects are provided to the PATH contact regularly and upon request.

7. State Level Training

The State pays for training directly and indirectly on a limited basis. PATH recipients are informally defined locally as RSN PATH contacts and PATH program managers. A coordinating meeting is held at least annually. In previous years, state PATH meetings have been held more often. These meetings are intended for multiple purposes.

A consistent agenda item at the annual meeting is development of the response to the Center for Mental Health Services (CMHS) Request for Applications (RFA) for PATH funding. MHD supports costs of the facility at which meetings are held. RSNs and PATH programs are responsible for travel costs to attend the meetings. PATH recipients engage in discussion about application requirements, are provided

technical assistance in developing Intended Use Plans and program budgets. Time frames for submission of local materials to the state are established through mutual agreement.

These meetings generally are also used to address systems level concerns and to promote consistency in PATH operations. Data collection and service definitions have been addressed and agreed upon by participants. Match considerations have been a topic, as have program operations. The State PATH contact has brought forth systems issues to be addressed. PATH recipients are encouraged to invest in identification of solutions that meet local and systems level needs. Resolution is almost always through consensus.

Last year Washington was awarded federal technical assistance funds jointly with Oregon to promote expedited access to SSI/SSDI and other benefits for PATH clients. MHD has continued to invest in that initiative. SOAR training was made available locally and was organized by the state Policy Academy contact. Facility costs for participants at that training was supported from PATH administrative funds.

This application already has noted one time only use of funds to promote additional access to benefits in Section 3.a., above. Funds that otherwise would have been awarded to a PATH project that were declined will be used in the balance of this year and prior to June 30, 2007 to support a full time person in Western Washington to training PATH staff and others in expedited access to benefits.

8. Source of Non-Federal Match

RSNs and provider agencies are required by contract with MHD to be responsible for match of non-federal funds commensurate with the level of PATH funds received. The federal requirement for match is one non-federal dollar for every three federal dollars received.

The state PATH contact is funded through MHD headquarters funding, not through PATH funds. No match claim is submitted for that contribution. A limited amount of funds are reserved for state administration, this year \$25,000. As a result, after consultation with federal funding sources, and in agreement with local PATH projects, a match of 34% of PATH funds is required of local projects. This is 0.7% more than otherwise might be required, but that is offset by the undocumented contribution of PATH oversight at the state level.

The Washington State MHD requires RSNs and PATH recipients to match three types of locally defined PATH funds available to them: base award, palm pilot data collection and palm pilot equipment. Northwest Resource Associates (NWRA) is the agency that provides data collection services. Each individual RSN or project share of support for NWRA data collection services is based on the percentage of available PATH funds the RSN or agency receives. If an agency receives 10 percent of PATH funds, they are expected to contribute 10 percent of the cost of NWRA's services.

At the beginning of the annual federal PATH application for funds process, RSNs are informed of the base amount of PATH funds that are to be awarded, the amount to be contributed for NWRA services and the amount to be budgeted for palm equipment. MHD calculates a required match amount based on 34 percent of the total PATH funds to be awarded.

In contract, RSNs and provider agencies remain responsible to match 34 percent of their total award. In practice, however, the cost for NWRA is contracted by MHD in total to that agency in order to reduce administrative burden for all concerned.

The method and source of match varies by RSN. In general there are three potential arrangements for match:

1. The RSN may assume the responsibility for match and may do so from non-federal dollars available at that level.
2. The RSN may pass the match responsibility to the sub-contractor. The sub-contractors often contribute in-kind match in the form of administrative, facilities and other types of support.
3. The RSN and the sub-contractor may share responsibility for match.

The source of non-federal match varies by RSN. For example, one RSN provides in cash funding to one of two PATH providers. The amount of non-federal dollars expended entirely on personnel is sufficient to meet the federal requirement for match for both agencies in one line item category. Neither contractor is responsible to contribute match, even though the federal requirement is clearly met.

Other RSNs do not contribute any match, relying entirely upon their sub-contracted agency for the responsibility. Agencies depend on a variety of in-kind sources to satisfy the match requisite. Larger agencies that have the scale to support a grant writer will have the benefit of other contributors to their operations to satisfy match. A smaller agency will be operating a "free" mental health clinic, which will serve as an extension of their PATH and other agency mental health services. The in-kind takes the form of health care and mental health treatment from volunteers to PATH clients.

Non-federal match will be available at the beginning of the award year. Each cover letter submitted by an RSN contains a statement confirming this.

Each RSN has provided a local budget sheet (SF 424A) and a budget narrative that displays additional detail to support the fact that match requirements are met. The SF 424A itemized match to be contributed is listed by line item.

MHD does not require RSNs to submit detailed line item match information on monthly or quarterly claims for reimbursement. It does require them to maintain sufficient supporting documentation on file to demonstrate source and amounts of match contributed at that level of detail if requested.

RSNs are required to submit the total amount of match contributed each time a claim for reimbursement of PATH funds is requested. The amount of match is monitored, and authorization for payment is granted only after the proper contribution has been verified.

9. Process for Public Notice of Proposed Use of PATH Funds

A process for public notice of use of PATH funds is incorporated into each RSN and PATH provider's application for funds through the Intended Use Plan. Each RSN is responsible to have a local process to announce publicly how funds will be used, and each is encouraged to target PATH clients and those who serve them both to announce the use of funds and to elicit comments about how they might be used.

Each IUP in this application has addressed their public notice of funds. There is variation in responses, and some locales are more successful than others. RSN advisory boards are consistently part of the local process. Some PATH projects regularly communicate with PATH clients, including some that have established PATH client advisory groups to the project.

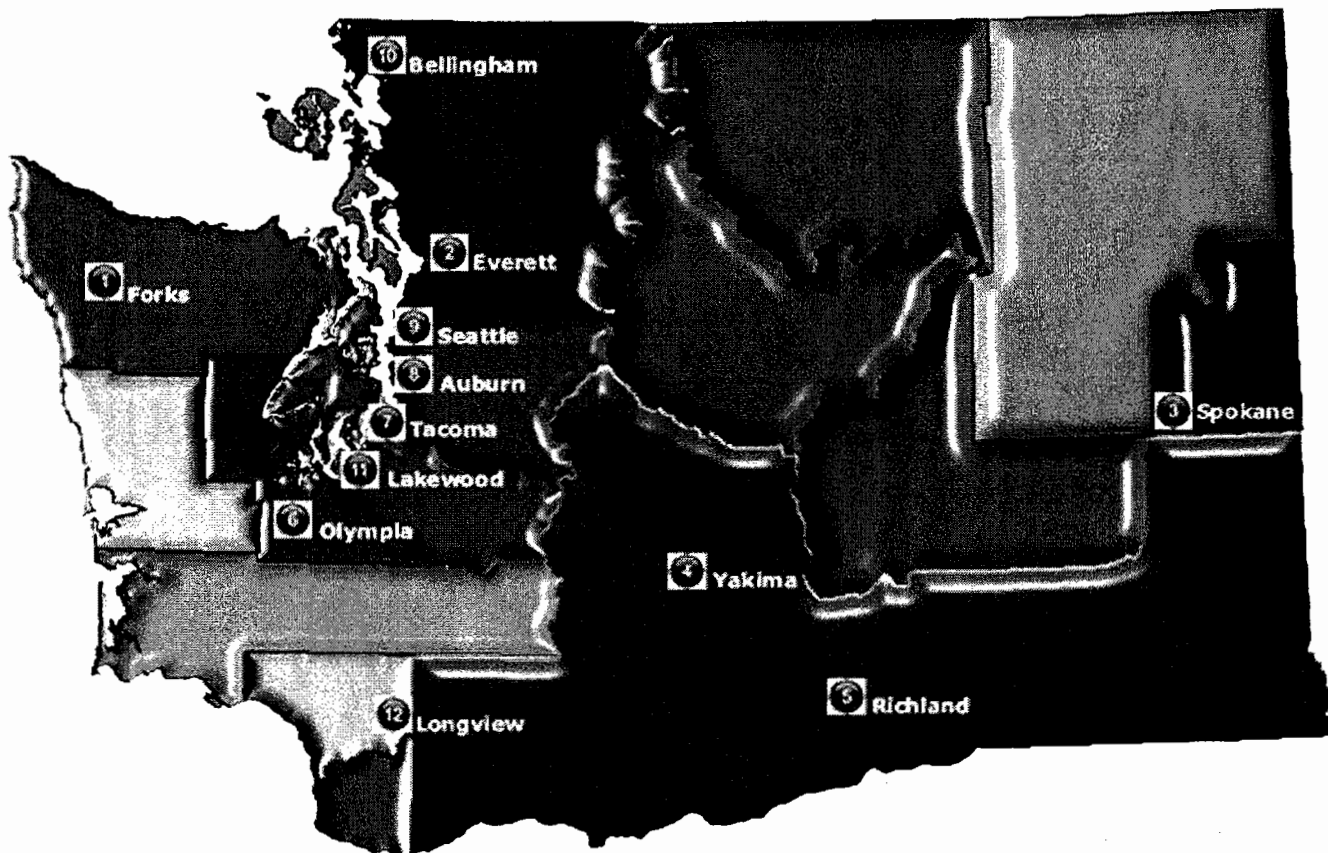
At the state level, the Balance of State Continuum of Care Committee is provided regular briefings on PATH developments during the program year. As examples, they are informed of availability of funds for

new projects; they are advised of state and local programmatic developments such as availability of expedited access to disability and other benefits and news of individual PATH projects in their local areas.

The state PATH contact also has established ties and working relationships with housing and other homeless service providers. He has established connections with the state housing coalition via participation in their annual conference and direct communication with the director and officers of the coalition. He is a member of the advisory committee to the Taking Health Care Home project and informs committee members about PATH use of funds. The lead staff person to that project has been involved in formulating the one time only PATH project that will provide training to PATH project staff and others described in Section 3.a., above.

These efforts have afforded an opportunity to do three things. Closer working relationships and coordination have been established. The state PATH contact has had an opportunity to contribute to policy formulation. In turn, he has had an opportunity to receive policy input from major partners at the administrative level.

WA State Path Providers by RSN 2006 Application



KEY: Agency (RSN)

1. West End Outreach (Peninsula RSN)
2. Compass Health (North Sound RSN)
3. Spokane Mental Health (Spokane RSN)
4. Central WA Comprehensive Mental Health (Greater Columbia RSN)
5. Lourdes Counseling (Greater Columbia RSN)
6. Behavioral Health Resources (Thurston Mason RSN)
7. Tacoma Comprehensive Mental Health (Pierce RSN)
8. Valley Cities Counseling & Consultation (King RSN)
9. Down Town Emergency Services (King RSN)
10. Whatcom Counseling & Psychiatric Clinic (North Sound RSN)
11. Greater Lakes MHC (Pierce RSN)
12. Lower Columbia MHC (Southwest RSN)

WASHINGTON STATE
SUMMARY OF PROVIDERS, AWARDS AND SERVICES

Provider	Provider Agencies	Amount of PATH Funds	Project No. of Clients	Services to be Provided	Percent of Literally Homeless to be Served
Greater Columbia RSN, serving Yakima County	Central Washington Comprehensive MH-Yakima and	\$53,481	150	1,2,3,4,5,7,9	50%
	Lourdes Counseling-Richland	\$45,803	120	1,2,3,4,5,7,9	75%
King County RSN, serving King County	Downtown Emergency Service Center-Seattle and Seattle Mental Health-Auburn	\$20,378 RSN	445	1,2,3,4,5,6,7,9,10	95%
		\$116,788 DESC	300	1,2,3,4,5,3,7,9,10	50%
		Seattle MH \$125,488			
North Sound RSN, Serving Snohomish and Whatcom Counties	Compass Health, Everett and Whatcom County Psychiatric Clinic, Bellingham	\$139,894	500	1,2,3,4,5,6,7,8,9,10	55%
		\$45,803	100	1,2,3,4,5,6,7,8,9,10	80%
Peninsula RSN, Clallam and Jefferson Counties	West End Outreach Service	\$51,728	60	1,2,4,7,8,9	75%
Pierce County RSN, serving Pierce County	Comprehensive MHC, Tacoma and Greater Lakes MHC, Lakewood	\$144,018	360	1,2,3,4,5,6,7,9	60%
		\$45,803	120	1,2,3,4,5,6,7,9	75%
Southwest RSN, serving Cowlitz County	Lower Columbia MHC, Longview	\$45,803	120	1,2,4,5,6,7,8,9,10	100%
Spokane County RSN, serving Spokane County	Spokane MHC, Spokane	\$99,222	400	1,2,4,5,6,7,9	95%
Thurston-Mason, RSN, serving Thurston County	Behavioral Health Resources, Tumwater	\$45,803	150	1,2,3,4,5,6,7,8,9,10	75%
Northwest Resource Associates for Palm Pilot data collection management	Supporting all provider agencies and informing all RSNs and the Mental Health Division	\$76,121*		N/A	N/A
Administrative costs and reserves		\$86,990			
	Total	\$1,067,000			

1-Outreach, 2-Screening, diagnosis; 3-Habilitation and Rehab; 4-Community MH; 5-Alcohol or drug treatment; 6-Staff training; 7-Case management; 8-Supportive, supervisory services; 9-Referrals for primary health, job training, educational services and housing services 10-Housing Services

* The allocation to NW Resource Associates is listed but is already included in individual allocations to RSNs. Including that amount in column total will result in a sum greater than the federal allocation. Column total will be \$2.00 more than federal allocation due to rounding.



Greater Columbia Behavioral Health

509-735-8681 or 1-800-795-9296, Fax 509-783-4165, <http://www.gcbh.org>, 101 N. Edison St., Kennewick, WA 99336-1958

May 5, 2006

Hank Balderrama
Mental Health Division
PO Box 45320
Olympia, WA 98504-5320

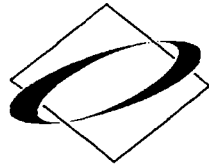
RE: Lourdes PATH Grant

Dear Hank,

The Lourdes Counseling PATH application will result in forty-five thousand eight hundred and three dollars (\$45,803) in PATH funding during a one year cycle. GCBH will assure that there is a minimum of fifteen thousand five hundred and seventy-three dollars (\$15,573) in local match or non-federal dollars as match.

Sincerely,

Glenn Lippman M.D.
GCBH Medical Director and Interim Director



Greater Columbia Behavioral Health

509-735-8681 or 1-800-795-9296, Fax 509-783-4165, <http://www.gcbh.org>, 101 N. Edison St., Kennewick, WA 99336-1958

April 18, 2006

Hank Balderrama
Mental Health Division
PO Box 45320
Olympia, WA 98504-5320

RE: CWCMH PATH Grant

Dear Hank:

The Central Washington Comprehensive Mental Health PATH application will result in fifty three thousand, four hundred and eighty-one dollars (\$53,481) in PATH funding. GCBH will assure that there is a minimum of eighteen thousand, one hundred and eighty three dollars (\$18,183) in local match or non-federal dollars as match.

Sincerely,

Glenn Lippman M.D.
GCBH Medical Director and Interim Director

TW:nc

cc: Rick Weaver, CWCMH
Troy D. Wilson, GCBH Finance Manager

Section C: Local Provider Intended Use Plans

Greater Columbia RSN - Central Washington Comprehensive MH

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The Greater Columbia Behavioral Health (GCBH) is regional support network (RSN) composed of eleven counties and the Yakima Indian Nation. It serves eastern Washington east of the Cascade mountains and most counties south of Interstate 90. Its offices are located in Kennewick, Washington. One PATH project has been in operation in Yakima, Washington since 2001. In April 2006, a PATH project was initiated in Richland.

Central Washington Comprehensive Mental Health (CWCMH) is a community mental health center serving Yakima, Kittitas and Klickitat Counties within central Washington State. CWCMH is a member provider of the Greater Columbia Behavior Health Regional Support Network (RSN) that is made up of mental health service providers from eleven counties and one Native American Nation.

As a community mental health center CWCMH provides a broad range of mental health and chemical dependency services to adults, children and senior adults. In 2005 CWCMH served almost 12,5000 unduplicated clients. Approximately seventy-five percent of the population served were adults, and the other twenty-five percent were youth, those seventeen years old and younger.

CWCMH provides an extensive array of residential services, including an Intensive Residential Treatment Facility, a Group Home, Supportive Living apartments, Crisis and Emergency apartments, a Boarding Home and a Homeless Veterans Housing Program. Additionally, CWCMH is partner with a local hospital, Yakima Valley Memorial Hospital. Together they own and operate a skilled nursing facility.

CWCMH provides acute care crisis service on a twenty-hour, seven days a week basis. Part of the Acute Care crisis service menu is evaluation for involuntary detention for psychiatric hospitalization. CWCMH provides outpatient mental health treatment services that include community based intensive case management. Additionally, CWCMH provides outpatient substance abuse services including a co-occurring disorders program, an Opioid Dependent Treatment Program and a residential addiction detox treatment facility.

CWCMH has operated a PATH Program for more than three years. CWCMH estimated that, for grant year 2005, one hundred (150) outreach contacts would be made. Following is data outcomes for CWCMH PATH program for 2005:

- CWCMH PATH Program case manager made two hundred and fifty-seven (257) outreach contacts with homeless individuals.
- Forty-three percent (43%) or one hundred and eleven (111) individuals who received outreach services were eligible and enrolled in the CWCMH PATH Program.

- Ninety-five percent (95%) of the outreached individuals were identified as having a serious mental illness.
- Of the homeless individuals enrolled in PATH 53% were "literally" homeless.
- Approximately twenty-five percent (25%) of the homeless individuals the PATH Program serves come from institutional settings i.e., local psychiatric hospital, jail.
- Of the homeless individuals enrolled in PATH fifty-one (51) were discharged from PATH and enrolled into ongoing mental health and/or substance treatment services.

2. Indicate the amount of federal PATH funds the organization will receive.

CWCMH has budgeted \$71,170 for the PATH program. Of the \$69,014.31, \$51,096 is being requested from federal funding and \$ 17,918.31 will be match from CWCMH. See SF 424 Budget Information for CWCMH 2006 and budget summary justification for costs.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. the projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

CWCMH PATH program proposes to make one-hundred and sixty (160) outreach contacts with homeless individuals. It is projected that of the homeless individual served by PATH fifty percent (50%) will be "literally" homeless.

- b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

-Outreach and engagement, -screening and diagnosis, -habilitation and rehabilitation, -community mental health, -alcohol and drug treatment, -case management, -referrals for primary health, -job training, education and -housing services will be provided.

PATH funds will again be used to support a 1.0 FTE case manager position to provide outreach services to homeless individuals with mental health and/or co-occurring disorders who are treatment resistant and difficult to place. Services that will be made available by CWCMH PATH case manager are as follows:

Outreach Services: The PATH case manager will provide outreach services, seeking out homeless individuals with mental illness and/or co-occurring disorders living on the streets or in shelters. Additionally the PATH case manager is utilized to conduct outreach to individuals who come in contact with CWCMH Acute Care Services or who are being discharged from psychiatric hospitalization and are not accepting of treatment services, along with having no community placement (homeless).

CWCMH staff assigned to the Yakima County and Yakima City jail will be able to refer individuals coming out of detention and who meet homeless criteria to the PATH case manager. The case manager provides direct face-to-face contact with individuals in various settings, i.e., mission, the streets, along the river and under bridges in order to engage them into PATH.

Outreach contact are intended first to develop trust with homeless individuals in order to be allowed future contacts. While making outreach contacts the PATH case manager is screening individuals for referrals to appropriate resources. Although the primary goal of outreach is engagement and enrollment of homeless individuals in PATH, there are individual who will not be accepting but can be offered other resources to aid them.

Case Management Services: The case manager will provide case management service to PATH enrolled homeless individuals. The case manager will routinely keep in contact with individuals in various settings, i.e., mission, the streets, etc., in order to motivate them, through ongoing rapport building, to accept treatment services. The case manager does not place strong expectations on such individuals to engage in the treatment process, but instead employs a process of developing a trusting relationship with the individual.

The case manager, in partnership with the homeless individual, develops a service plan with goals and objectives that meet the individual's needs and preferences. This plan help direct the case manager in his efforts to assist the homeless individual into obtain necessary entitlements, which include services such as medical, shelter, food, personal care needs, housing and other services. The CWCMH PATH case management service continues to be the only direct outreach services being provided to the homeless in the Yakima community. The CWCMH PATH program plays an import role in helping to ensure that homeless individuals, who are in need of treatment services but are not Medicaid eligible, are provided assistance to obtain Medicaid and other entitlements, which provide for housing, food and personal care needs in order to stop their homeless cycle.

Staff Training: The PATH case manager has and will continue to provide training to a broad array of community agencies and groups regarding homeless issues. The focus of the PATH project is to continue to reducd the number of homeless individuals. In the grant year 2005 training on homelessness was provided a variety of community organizations and agencies i.e., National Alliance for Mental Ill, Rotary, churches, Yakima County Coalition for Homeless, Central Washington University.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Mental Health: CWCMH will make its access services available to all PATH clients who are Medicaid eligible. Access Services provides for telephone or walk-in screening in order to schedule an intake assessment to determine ongoing treatment needs. The intake assessment is a full evaluation that includes an identification of presenting

problems of the individual, a psychosocial history and a diagnostic impression by a mental health professional.

For clients who may not be Medicaid eligible limited crisis mental health services are available to homeless individual. Crisis mental health service provide for an evaluation of the immediate mental health needs of the individual. Following the evaluation, limited services i.e., individual treatment, case management, and/or medication management are offered to help resolve the crisis.

CWCMH also will make available its full range of services to homeless individual who are Medicaid eligible and accept mental health services. As a community mental health service provider, CWCMH provides

- outpatient services,
- case management services, including Assertive Community Treatment,
- community mental health treatment,
- alcohol and drug treatment services, and
- structured, supportive and supervised residential services i.e, Supportive Living, Group Home, Boarding Home, Adult Intensive Residential Treatment Facility, Detox Facility and Skilled Nursing facility.

The PATH case manager works closely with the community mental health services to help ensure continuity for PATH individuals accepting and eligible for services. This process ensures a sound "hand-off" between the PATH case manager and ongoing treatment staff.

Health Services: The PATH case manager collaborates closely with a community health clinic, Yakima Neighborhood Health Services (YNHS), in Yakima to deliver outreach health service to homeless individual directly into the community and onto the streets. Once a week nurses from the health clinic accompany the case manager into the community to make direct contact and outreach to homeless individuals in order to provide medically needed services.

The PATH case manager can bring homeless individuals needing medical and/or dental services to YNHS, which has a specialized clinic to serve homeless individual at their site. These services are free to homeless individuals. Additionally, YNHS and CWCMH have a collaborative process to integrate mental health services into primary care setting. During the work week both a psychiatrist and a masters level social worker from CWCMH are on-site at YNHS. This staff can and has provide necessary mental treatment service to homeless individual along with consultation to primary care physician servicing homeless individuals who would not otherwise be eligible for mental health services.

Chemical Dependency Services: CWCMH Dependency Health Services provide for a broad array of chemical dependency service to homeless individuals who qualify for this service. The PATH case manager can and has assisted homeless individuals by

providing case management services to assisting them to complete necessary state application for services.

The PATH case manager collaborates in a similar way with Triumph Treatment Center, which is another chemical dependency service in Yakima that has a primary focus on working with homeless individuals and provides for a large number of transition housing. The local community Alcoholics Anonymous and Narcotics Anonymous groups have invited PATH case manager to be available during their meeting because of a number of homeless individuals who attend the meetings.

Social Services: The PATH case manager, through collaborative efforts with State of Washington DSHS Community Service Office, facilitates access to entitlements for homeless individual. Such entitlements provide funding for ongoing health care and housing.

Community: The PATH case manager has developed support from a number of community low income affordable housing owners to place homeless individuals in an apartment. In most cases this housing is for homeless individuals who have not established full entitlements i.e., Medicaid, and are not yet willing or eligible to accept ongoing mental health treatment. Such housing attempts to focus on a “housing first” concept in order to get the homeless individual off the street and provide an opportunity for temporary placement in order to engage the individual more readily.

- La Casa Hogar a non-profit interfaith community service agency has taken a special interest in helping serve homeless individuals and in working with the PATH case manager. The organization provides food, clothing, bus pass and money to purchase identification documents in order to make application for entitlements primarily for PATH enrolled individuals.
- St Vincent DePaul Society of Yakima provides for clothing, hygiene products, money to make payments for utilities in housing for PATH enrolled individuals.
- Several local church in and around the City of Yakima downtown area have worked closely with the PATH case manager. The PATH case manager organized members from these churches to put in place a “sandwich” program to feed homeless individuals on Sundays because there were no free food kitchens open.

d. gaps in current service systems;

Some of the gaps in current service system identified last year have improved. For example one identified gap was the need to coordinate available services. The Homeless Network of Yakima County has been become a much stronger entity in helping to increase communication and provide education about homelessness. There was a lack of free meals available to homeless individuals between Saturday night and Mondays. As identified above in 3c Community, the PATH case manager, with the help of local churches, brought meals to homeless individuals directly on the streets.

The identification and count of homeless within Yakima has improved. Twice a year the Homeless Network of Yakima County coordinated a street count point-in-time study. This is a great improvement over the past bed count of homeless and has provided Yakima County a better understanding of the number of homeless and how to serve them.

Finally, Yakima Neighborhood Health Service was awarded a grant to provide health services to homeless individuals. This has provided for medical staff to accompany the PATH case manager directly on to the streets in order to service homeless individuals. It should be pointed out that although there have been improvement in these areas they continue to be a focus of ongoing need, expansion and sustainability.

There continue to be gaps in the service system for homeless individuals. Affordable housing options for single homeless persons with mental illness under the age of 55 are limited. There is no drop-in center such as a "Save Haven" for the homeless during the day hours i.e., 8 a.m. to 5 p.m. within the community.

There is a lack of homeless services for person under the age of 18 years old. PATH does not serve individuals younger than 18 years of age, yet at some point homeless youth become homeless adults if they go un-served.

Transportation for the homeless within the community is limited to bus service. In addition there are limited resources to provide funding to homeless individuals in order to purchase bus tokens or required ID, birth certificates that will aid them in obtaining housing and employment. Employment services in Yakima do not target the special needs challenging homeless individuals.

A continued significant gap in service for homeless people is created by a limitation placed upon the State of Washington, regional support networks (RSN) and their providers. Mental health funding allocated by the Centers for Medicare and Medicaid Services (CMS) affords services to the Medicaid recipients only. This means that availability of mental health treatment services is dependent upon a homeless individual meeting Medicaid eligibility.

Homeless individuals enrolled in PATH who are willing to accept ongoing mental health treatment may not be admitted to treatment service because they may not be Medicaid eligible. PATH enrolled individuals who cannot be admitted to treatment services because of a lack of Medicaid eligibility will place additional burden upon the PATH Program case manager by having to maintain ongoing case management support to these individuals and possibly limiting accessing other homeless individuals.

- e. services available for clients who have both a serious mental illness and substance use disorder;

CWCMH PATH services are linked closely with its Acute Care/Triage and Access services. These two services are entry points to ongoing mental health treatment

service by CWCMH. Individuals needing treatment services for co-occurring mental illnesses and substance use can be fast tracked for both a mental health and substance abuse assessments by qualified individuals.

Crisis psychiatric evaluation services are also available in the event medications are needed. Following the assessment an individual can be placed in the CWCMH specialized co-occurring disorders program. Additionally CWCMH has two residential service programs with a specialized focus on individuals with a mental and substance abuse disorder. One is a residential Detox facility. This facility is located within the immediate proximity of CWCMH Acute Care/Triage Services.

Substance abuse staff from the Detox facility and Mental Health staff from Acute Care Services work closely together to provide collaborative services to homeless individuals who have a co-occurring disorder and need this level of care. CWCMH in collaboration with another community based private substance abuse provider operates a specialized co-occurring disorders residential treatment facility. PATH homeless individual have had access to this program in the past and will continue to do so if this level of care is necessary.

Additionally, once a homeless individual does enter treatment service the PATH case managers aids the accepting CWCMH treatment provider by providing them with an understanding of the homeless individuals history and needs to help ensure a smooth transition to treatment.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Housing for the homeless is a gap in service identified in 3d above. As described in 3c Community above the PATH case manager has developed relationships with local affordable housing owners to bring homeless individuals off the street on a "housing first" concept. Additionally, CWCMH crisis and emergency apartments are made available to homeless individuals enrolled in PATH. By utilizing the crisis and emergency apartments a close link for the homeless individual is established with treatment services staff thus allowing the individual to develop a relationship and willingness to accept treatment.

Once an individual is enrolled in treatment, CWCMH Supportive Living housing is made available to individuals. Additionally, the CWCMH Veteran Homeless Housing Program can be accessed in the event the homeless individual is a veteran. Finally, legislation within State of Washington has provided local county governments accessibility to funds that are dedicated primarily to supporting expansion of affordable housing and services to housing. Steps have already been taken within Yakima County to make these funds available prior to the end of 2006.

- 4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

CWCMH is actively involved with Yakima County's Continuum of Care Plan which is overseen by the Homeless Network of Yakima County. The Network currently has twenty-eight organizations or agencies represented in its membership. These include representatives from organizations such as Yakima County, the United Way, Habitat for Humanity, mental health providers, substance abuse providers, legal services, Salvation Army, YMCA & YWCA, Yakima County Homeless Coalition, faith based groups and shelters and other emergency housing providers. The network meets at least once a month.

Besides monitoring the Continuum of Care plan the network fosters collaboration by addressing the needs of homeless people, increasing the community's awareness of homelessness, participating in developing and supporting public policy to assist homeless people and working toward ending homelessness in the community. Both the CWCMH PATH case manager and CWCMH Vice President, who also oversees its PATH program, are directly involved with the Network.

The Vice President is the chair of the Networks HMIS subcommittee and also a member of Continuum of Care Executive Committee. Additionally the Vice President is actively involved with the Affordable Housing Committee established by Yakima County to oversee allocated legislative funding targeted for affordable housing. The CWCMH PATH case manager was the lead person for the newly designed point-in-time street count homeless. He He He He trained volunteers who were involved with the count and coordinated their activities during the counting of homeless individuals.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

Yakima County is a rural county located near the geographical center of Washington State. Yakima County has as a population of more than 220,000. The highest population is concentrated in the City of Yakima with a population of approximately 72,000. Although the city of Yakima is classified as urban, the remainder of the county is rural and covers a large geographic area with numerous small towns. Yakima County's revenue base is primarily agricultural. The county is home to a large Hispanic population (35%). In some communities within the county, the Hispanic population is over 85%. Additionally, the county is home to the Yakima Nation. Native Americans make up approximately 4.5% of the population. There is also a small contingent of Afro-Americans and Asians in the county.

As of the most recent Point-in-Time Study, street count, of homeless conducted by the Homeless Network of Yakima County in January 2006 there were 1,265 homeless individual in the County. Twelve percent (12%) of the homeless were in emergency shelters and twenty-four percent (24%) in transitional housing. Another twelve percent

(12%) were living out doors, in vehicles or in abandoned buildings. Approximately 70% of the homeless are adult, age 18 year old or older and 30% youth/children.

CWCMH PATH data for 2005 shows that 54% of the homeless individuals enrolled in PATH were male and 46% female. Thirty-six (36%) were between the age of 18 and 34 and 41% between the ages of 35 and 49. The remaining 23% were between ages of 50 and 64.

Although Yakima has a large Hispanic population only 5% were enrolled in PATH. White homeless individuals accounted for 71% of the PATH enrolled individuals. Fifty-two percent (52%) of the PATH enrolled individuals have a co-occurring substance use disorder along with their mental health disorder.

The CWCMH PATH program primarily impacts the City of Yakima. As a result, the PATH case manager comes in contact with a diverse population of homeless individuals. The PATH program has access to and is integrated into the organization's over thirty year history of providing mental health and substance abuse service to the community. CWCMH's broad range of services is indicative of the diversity in service needs of the individuals it serves. Given that CWCMH serves communities with a high Hispanic population it has designated bilingual/bicultural clinical positions in order to best serve the community.

All staff entering CWCMH employment, including the PATH case manager, must meet core competencies and are tested for gender/age/cultural clinical competency. Diversity training is also required of all new employees and on an ongoing bases. Mental health specialists e.g., minority, developmental disabled, children and geriatric are available and expected to be consulted with whenever a special population individual is being engaged in services. CWCMH has a number of clinical staff at various levels e.g., mental health aids, case managers, therapist, RN and psychiatrist, who are bilingual/bicultural for the large Hispanic population it serves. In the event staff is not available non-clinical translators are available. All information provided or posted is made available not only in Spanish and several other languages along with being gender and age friendly in an attempt to best serve individuals.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

The PATH case manager has been instrumental in recruiting homeless individuals to be active members of the Homeless Network of Yakima. In addition two PATH enrolled individuals provide volunteer service to other homeless individuals by aiding the PATH case manager. These volunteers seek out other homeless individuals for the PATH case manager to make outreach contract. In some cases the volunteers have provided

companionship to other homeless individual and assistance in making application for entitlements or in seeking out health care services.

The PATH case manager was key to helping homeless individuals to produce a quarterly homeless newsletter, "Coal Miner's News", which is distributed by homeless individuals to those living on the streets. The newsletter offers hope to homeless individuals and lists various resource that homeless individuals can access.

The PATH case manager along, with La Casa Hogar, see above 3c Community, established a community garden for homeless in a low income area of Yakima. The community garden is not only for homeless individuals but also individuals living in the neighborhood. The garden provides a place where homeless can grow vegetable. In some cases gardening is a new learning skill for homeless individuals. Additionally the garden provides homeless individual ability for socialization and integration with those individuals living in the community.

Enrolled PATH individuals were instrumental working with community agencies to establish a memorial ceremonial day in Yakima honoring those homeless individuals who have died on the streets. This has now been established as an annual event in downtown Yakima.

A former CWCMH PATH client was select by the State of Washington to serve on the Governor's Homeless Subcommittee which is one of several subcommittees looking at transforming the state's mental health service delivery system.

Washington State PATH Application 2006
Greater Columbia RSN -- Central Washington Comprehensive Mental Health

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$34,986.00	\$7,650.50			\$42,636.50
b. Fringe Benefits	\$10,268.39	\$2,245.42			\$12,513.81
c. Travel	\$2,000.00	\$0.00			\$2,000.00
d. Equipment	\$250.00	\$0.00			\$250.00
e. Supplies	\$0.00	\$250.00			\$250.00
f. Contractual	\$4,152.00	\$0.00			\$4,152.00
g. Construction	\$0.00	\$0.00			\$0.00
h. Other	\$1,824.61	\$8,037.08			\$9,861.69
i. Total Direct Charges (sum of 6a - 6h)	\$53,481.00	\$18,183.00			\$71,664.00
j. Indirect Charges	\$0.00	\$0.00			\$0.00
k. TOTAL (sum of 6i and 6j)	\$53,481.00	\$18,183.00			\$71,664.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:					
22. Indirect Charges:					
23. Remarks					

CWCMH PATH Budget FY 2006 Narrative

a) Personal – 1.0 FTE Case Managers will provide outreach services to homeless individuals with co-occurring disorders. Also covered is Administrative costs i.e., supervision, data and budget management.

CWCMH is requesting the grant cover the full cost of the case manager's salary. Cost for salary of administrative/supervisory and data and budget management staff to support the PATH program will be incurred as Match from CWCMH.

b) Fringe Benefits – Benefits are valued at 29.35% and is comprised of payroll, unemployment, labor and industries, participation in the company's self-funded medical, vision and dental insurance program, life and long-term disability insurance, and the employer-sponsored pension plan.

CWCMH is requesting the grant cover the full cost of the fringe benefits for the case manager. Cost for benefits of administrative/supervisory and data and budget management staff to support the PATH program will be incurred as Match from CWCMH.

c) Travel – Because the case manager provides primarily outreach services directly to homeless in the community travel will be incurred. CWCMH pays staff travel at a rate of .36 per mile. Additionally travel maybe needed for meetings regarding PATH operations/developments and education.

CWCMH is requesting the grant cover the cost of the travel.

d) Equipment – Supportive funds are required for a Palm Pilot project which will help the case manager capture required data on PATH clients. A Palm Pilot is used by the case manager while providing direct outreach in the community. The case manager enter consumer data directly in Palm Pilot then retrieves data to a main data file once back in the office.

CWCMH is requesting the grant cover the cost of the Palm Pilot equipment.

e) Supplies – The case manager needs supplies to support work such as office and operational supplies i.e., forms, paper, coping etc.

CWCMH will provide Match to cover cost of supplies.

f) Contractual – Supportive funds for Palm Pilot project for software and supportive services to carry out project. As indicated the Palm Pilot Project allows the case manager to capture required data directly in the field while serving clients.

CWCMH is requesting the grant cover the full cost of contract service with independent provide to support the Palm Pilot Project.

g) Constructions – N/A

h) Other – This is comprised of cost for:

- Telephone both landline and cellular for the case manager
- Office Space utilization for the case manager
- Training for ongoing education to the case manager to help improve service delivery to homeless.
- Information Services (IS) support. The Palm Pilot data is maintained on a local computer assigned to the case manager. IS does provide minimal support service to the computer to assist in data management.

CWCMH will ensure Match allocated contribution as designated in budget on SF-424.

Section C: Local Provider Intended Use Plans

Greater Columbia RSN - Lourdes Counseling

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The Greater Columbia Behavioral Health (GCBH) is regional support network (RSN) composed of eleven counties and the Yakama Indian Nation. It serves eastern Washington east of the Cascade mountains and most counties south of Interstate 90. Its offices are located in Kennewick, Washington. One PATH project has been in operation in Yakima, Washington since 2001. In April 2006, a PATH project was initiated in Richland.

Lourdes Counseling Center (LCC) is an outpatient community mental health center serving Benton and Franklin Counties within southeastern Washington State and a regional inpatient acute psychiatric hospital. LCC is a member provider of the Greater Columbia Behavior Health Regional Support Network (RSN) that is made up of mental health service providers from eleven counties and one Native American Nation.

As a community mental health center and inpatient psychiatric facility, LCC provides a broad range of services to adults, children and senior adults. LCC served over 5000 unduplicated clients in fiscal year 2005. Approximately 70 percent of the population served are adults with the other 30 percent being youths, those seventeen years old and younger. LCC is an evaluation and treatment facility for involuntary detention for psychiatric hospitalization. LCC provides outpatient mental health treatment services that include community based case management, therapy, medication management, jail services, clubhouse services, and a school based children's day program. Additionally, LCC provides outpatient substance abuse services including a MICA/co-occurring disorders program.

2. Indicate the amount of federal PATH funds the organization will receive.

LCC requests \$45,803 in federal funds, and at least \$15,573 is match from LCC. See SF 424 Budget Information for LCC 2005 and justification for costs.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

LCC projects that its PATH Program will make contact with 120 homeless individuals. Of those homeless individuals contacted, 50 will be enrolled in PATH services during the coming grant year. It is projected that at least seventy-five percent (75%) of the individuals served by the LCC PATH program will be "literally" homeless. The other twenty-five percent will be "at risk" individuals who have been in institutional settings e.g., psychiatric hospitals, jail,

residential service etc., who are declining ongoing treatment service and who are homeless or at risk of homelessness because of having no community placement/housing and, in most cases, lack any funding to support themselves.

- b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

Outreach and engagement, screening and diagnosis, habilitation and rehabilitation, community mental health, alcohol and drug treatment, case management and referrals for primary health, job training, education and housing services will be provided.

PATH funds will be used to support a 1.0 FTE case manager level position to provide outreach services to homeless individuals with mental health and co-occurring disorders who are treatment resistant and difficult to place. The case manager primarily will provide outreach to homeless individuals living on the streets or in shelters. Additionally the case manager will be utilized to serve individuals who come in contact with LCC through their discharge from psychiatric hospitalization and are not accepting of treatment services, along with having no community placement (homeless). LCC staff assigned to the Benton and Franklin County jails will refer individuals coming out of detention and who meet homeless criteria to the PATH case manager.

The case manager will provide outreach service to keep in contact with individuals in various settings, i.e., mission, the streets, etc., in order to motivate them, through ongoing rapport building, to accept treatment services. The case manager does not place strong expectations on such individuals to engage in the treatment process, but instead employs a process of developing a trusting relationship with the individual. The case manager assists clients with gaining necessary entitlements, i.e., disability benefits, and services such as medical, shelter, food, personal care needs, etc. The case manager is only assigned to the outreach process and engages only homeless individuals with mental health and co-occurring disorders who are homeless and are resistant treatment service. Once a client is accepting of treatment service, the outreach case manager transitions the client to ongoing treatment service within the community.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

The PATH Program has access to all LCC mental health and substance abuse outpatient services. Additionally there are other mental health and substance abuse providers in the community including residential services with which the PATH program will maintain referral relationships should a homeless individual choose not to accept service through LCC.

LCC is developing collaborative relationship within the community to address homelessness issues. Shelter, housing and food are provided by various other community organizations within Benton and Franklin Counties to the homeless. Committee, and Faith Inn Keepers Outreach provide temporary shelter and food.

LCC has partnered with Benton Franklin United Way during the past three years to receive a Community Solutions Grants for crisis housing needs for LCC consumers with mental illness. LCC will continue to pursue that partnership in the coming year as well. As a United Way recipient agency, LCC is involved in the network of other agencies in the community that help those in need.

LCC is part of the Lourdes Health Network, which includes several primary care physician clinics in Pasco, Washington. LCC also has relationships with other primary care providers in Kennewick and Richland.

d. gaps in current service systems;

There are inadequate affordable housing options for the homeless in the Kennewick, Richland, Pasco community. Service options are not well coordinated or comprehensive. There has been no organization that seeks out homeless mentally ill or those with co-occurring substance abuse problems. The Community Action Committee has taken the lead in developing a Homeless Housing Assistance Task Force. This program has created a HOME BASE 10-year plan to reduce homelessness in the community. The HOME BASE project will coordinate and link all organizations. The PATH case manager will be a primary link between this program for those identified with mental illness and co-occurring substance abuse disorders.

e. services available for clients who have both a serious mental illness and substance use disorder;

LCC PATH services will be linked closely with acute care and access services through LCC and other community crisis providers, e.g. Benton Franklin Crisis Response Unit, Sunderland Family Treatment Provider, and Nueva Esperanza Counseling Center. Individuals needing treatment services for co-occurring mental illnesses and substance use may be referred for both mental health and substance abuse assessments by qualified professionals. Psychiatric evaluation services may also be arranged in the event that medications are needed. Following the assessment some individuals may be placed in the LCC specialized co-occurring disorders program.

Benton Franklin County has two residential facilities and one county social detoxification facility.

In order to provide continuity of care, once a homeless individual enters LCC treatment services (or another community agency) the PATH case manager will aid the accepting treatment provider by providing them with an understanding of the homeless individual's history and needs.

f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

LCC's PATH case manager will further develop relationships with local organizations that provide housing alternatives for those identified as homeless as mentioned in 3c. Sunderland Family Treatment Services offers transitional living for the mentally ill through its Trailer Program, and residential treatment through the Cullum and Jadwin Houses. LCC has developed longstanding relationships with landlords in the community willing to work with the seriously mentally ill and those with co-occurring substance abuse disorders at Sacajewa Apartments, Lewis Street Apartments, and the Bateman Building. Lourdes has been a United Way provider agency with access to Crisis Housing Funds to support those who are mentally ill in obtaining and maintaining a stable living environment. The PATH case manager will further develop existing relationships with Celebrate Recovery Faith Inn Keepers Outreach, Salvation Army, Community Action Committee, and the Union Gospel Mission.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Lourdes will coordinate activities with the local lead agency for Continuum of Care, the Benton Franklin Community Action Committee. The Community Action Committee has spearheaded a local 5 and 10-year plan to serve the homeless and has recently started the HOME BASE project. HOME BASE will link all community service agencies to coordinate transition of services for homeless individuals, including those with mental illness and co-occurring substance abuse disorders. LCC management and the PATH case manager will participate in the Homeless Housing Assistance Task Force sponsored by the Community Action Committee.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

Benton and Franklin Counties are rural counties located in southeastern Washington State. The US Census Bureau estimates Benton and Franklin Counties had a 2004 combined population of over 215,000. The highest population concentration is in the City of Kennewick with a population of approximately 55,000. The two counties are home to a large Hispanic population (22%).

The most recent local Point in Time count conducted January 26, 2005 identified 1,035 individuals as homeless (sheltered and unsheltered) in Benton and Franklin Counties. Of those, 120-150 were identified as seriously mentally ill or had a co-occurring substance abuse disorder.

The LCC PATH program will primarily impact the Cities of Richland, Kennewick, and Pasco and some of the small surrounding communities. As a result, the PATH case manager will come in contact with a diverse population of homeless individuals. The PATH program has access to and will be integrated into the organization's more than thirty year history of providing mental health service to the community. LCC employs a multicultural staff.

All staff entering LCC employment, including the PATH case manager, must meet core competencies, and are tested for gender, age, cultural clinical competency, and diversity awareness and understanding. Mental health specialists i.e. ethnic minority, developmental disabled, children, and geriatric are available, and expected to be consulted with whenever a special population individual is being engaged in services. LCC has a several clinical staff at various levels e.g., case managers and therapist who are bilingual/bicultural Hispanic. In the event a staff person with special population expertise is not available, interpreters will be used. All information provided or posted for clients will be available Spanish.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

LCC's mission is "an extension of the healing ministry of Jesus. We are called to serve our community, our patients, their loved ones and our coworkers with respect, compassion, and care." LCC's commitment to this mission can be seen in its long history of involving mental health consumers and family members to aid it service delivery to individuals and the community.

LCC has partnered with consumers and families to develop a Patient Care Advisory Committee that reviews critical community mental health issues and LCC services. The LCC executive director sits on this committee allowing for a direct line of communication with administration.

LCC also participates in the Benton Franklin Community Health Alliance Mental Health Subcommittee. This committee brings together consumers, family members, community leaders, and mental health professionals and reviews a wide range of mental health issues including homelessness concerns.

LCC also works closely with its local National Alliance for the Mentally Ill (NAMI) affiliate to ensure consumers and family members have input and feedback into services being provided.

**Washington State PATH Application 2006
Greater Columbia RSN -- Lourdes Counseling Center**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) PATH Funds	(2) Match	(3)	(4)		
a. Personnel	\$33,620.00	\$7,321.00			\$40,941.00	
b. Fringe Benefits	\$8,380.00	\$1,830.00			\$10,210.00	
c. Travel		\$4,272.00			\$4,272.00	
d. Equipment	\$250.00	\$1,000.00			\$1,250.00	
e. Supplies		\$775.00			\$775.00	
f. Contractual	\$3,553.00				\$3,553.00	
g. Construction					\$0.00	
h. Other		\$7,105.00			\$7,105.00	
i. Total Direct Charges (sum of 6a - 6h)	\$45,803.00	\$22,303.00			\$68,106.00	
j. Indirect Charges					\$0.00	
k. TOTAL (sum of 6i and 6j)	\$45,803.00	\$22,303.00			\$68,106.00	
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:					
22. Indirect Charges:					
23. Remarks					

**Lourdes Counseling
Budget Narrative**

	Grant	Match
Salaries		
- PATH Case Manager 1FTE	\$33,600	\$41
Division Director		\$780
Supervisor		\$6,000
Salary Combined (sf 424 line 6a)	\$33,600	\$7,321
Benefits @ 25% (sf 424 line 6b)	\$8,400	\$1,830
Total Salaries & Benefits	\$42,000	\$9,151
Travel (sf 424 line 6c)		\$4,272
Palm Project - Equipment	\$250	
Computer Equipment		\$1,000
Total Equipment (sf 424 line 6d)	\$250	\$1,000
Supplies (sf 424 line 6e)		\$775
Contractual (sf 424 6f)	\$3,553	
Other		
Phone (landline and cell)		\$1,100
Office Space		\$1,275
Client Emergency Funds (housing)		\$3,500
Training (for case manager)		\$750
IS Support (personnel)		\$480
Total Other (sf 424 line 6h)		\$7,105
Total	\$45,803	\$22,303



King County

**Mental Health, Chemical Abuse
and Dependency Services Division**

Department of
Community and Human Services

EXC-HS-0610
Exchange Building
821 Second Avenue, Suite 610
Seattle, WA 98104-1598

206 296-5213
206-296-0583 Fax
206-205-0569 TTY/TDD

APR 19 2006

RECEIVED

April 14, 2006

C.H. Hank Balderrama
Mental Health Division
Department of Social and Health Services
Post Office Box 45320
Olympia, WA 98504-5320

Dear Mr. Balderrama:

Attached please find the King County Regional Support Network (KCRSN) application in response to the annual Projects for Assistance in Transition from Homelessness (PATH) Request for Applications (RFA) No. SM 06-F2. This RFA was announced by the Federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services as authorized by the Public Health Service Act.

The KCRSN intends to contract and pass through all Federal PATH funds in FFY 2006, if awarded, to community-based providers that are currently providing PATH-funded services in King County to persons with serious mental illness who are homeless or at imminent risk of becoming homeless. The contracted local providers are: 1) Downtown Emergency Service Center (DESC), and 2) Seattle Mental Health (SMH).

Application documents attached include the following:

- ☐ Local Provider Intended Use Plans: KCRSN, DESC, and SMH
- ☐ Standard Form 424A: KCRSN, DESC, and SMH
- ☐ Budget Narratives: KCRSN, DESC, and SMH

Hank Balderrama

April 17, 2006

Page 2

Please note that SF 424A (Budget Information) for KCRSN includes the additional allotment of \$20,378.00 to NWRA for the Palm Pilot Data Collection Project and the \$1,375 allotment for equipment and repair for the devices used for the Palm Pilot Data Collection Project. The SF 424A forms for the contracted community-based provider agencies (DESC and SMH) include their respective share of the allotment for equipment, \$1,375, for the Palm Pilot Data Collection Project.

Non-Federal match will be provided by KCRSN-dedicated clean, State funds for a total non-Federal match of \$ 89,302. All of the match will be provided through contracted funds to DESC. **All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.**

Please don't hesitate to contact me if you have any questions.

Sincerely,



Terry Crain, M.A., L.M.H.C.
Mental Health Contract Monitor

TC:MS:csg

[PATH FY 06-07 King IUP Cover letter.doc]

Enclosures

cc: Dana Ritter, Chief Financial Officer, King County Mental Health, Chemical Abuse and Dependency Services Division
Karen Spoelman, Cross-Systems and Contract Services Coordinator, King County Mental Health,
Chemical Abuse and Dependency Services Division
ATTN: Margaret Smith, Mental Health Contracts Lead

Section C: Local Provider Intended Use Plans

King County RSN -

Downtown Emergency Service Center and Seattle Mental Health

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The King County Regional Support Network (KCRSN), also known as the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), provides services throughout King County, Washington via contracts with community-based agencies. King County is located in western Washington State, extends from Puget Sound to the foothills of the Cascade Mountains, and is one of the largest counties in the United States.

The KCRSN receives PATH funds through a contract with the Washington State Mental Health Division. KCRSN then contracts the funds to two local community providers: 1) Downtown Emergency Service Center (DESC), and 2) Seattle Mental Health (SMH).

DESC is a multi-service center serving homeless adults. DESC provides shelter, permanent housing, mental health and chemical dependency services. DESC is located in downtown Seattle, within the King County Regional Support Network. DESC is a state licensed Community Mental Health and Chemical Dependency Treatment Provider. DESC prioritizes services to the most vulnerable subset of homeless adults. PATH funds are used to outreach, engage and stabilize homeless adults with serious/severe mental disorders living within the City of Seattle and, north and east King County.

SMH is a community-based behavioral health agency providing outpatient mental health and chemical dependency treatment services to adults, children and families. SMH serves clients throughout King County. The agency has a strong presence in the southern quadrant of the county with offices in Renton, Tukwila, Kent and Auburn. PATH funds are used to outreach, engage and stabilize homeless adults with serious/severe mental disorders living within the aforementioned areas and greater south and east King County.

2. Indicate the amount of federal PATH funds the organization will receive.

KCRSN has and will continue to distribute all federal PATH funds to local community service agencies to provide services. DESC currently utilizes PATH funding within their Homeless Outreach, Stabilization and Transition (HOST) Project to provide direct services in the form of outreach, engagement and case management services for severe and persistently mentally ill adults who are homeless. The PATH project began at SMH on April 1, 2006, and has been

successful in identifying, engaging and transitioning many homeless mentally ill/chemically dependent clients from rural/outlying areas into services and more stable residential placements.

Funds flow from the Washington State Department of Social and Health Services (DSHS), Mental Health Division to the KCRSN. Funds are then distributed by contract from KCRSN to DESC and SMH.

KCRSN will receive a base amount of Federal PATH funds in the amount of \$240,901. Of that amount, DESC will receive \$ 115,788 and SMH will receive \$ 125,113. In addition, KCRSN is allocated \$20,378 in Federal PATH funds to support the Palm Pilot Data Collection Project. Finally, KCRSN will receive and pass through to DESC and SMH a total of \$1,375 in Federal PATH funds for devices and device maintenance for the Palm Pilot Data Collection Project (\$1,000 to DESC and \$375 to SMH).

A detailed budget narrative is attached.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - a. the projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

KCRSN annually serves nearly 3,700 adult persons who are literally homeless and who have a mental illness. This figure represents approximately 14% of all adults served by the KCRSN in the calendar year 2004. This figure is a conservative projection based upon the number of persons who are literally homeless and are clients enrolled in the King County Mental Health Plan (KCMHP). The KCMHP serves individuals who have a mental illness and who have a Medicaid benefit (and a small number who do not qualify for Medicaid.) The number of literally homeless from that cohort was found to be 14% of the total, (data from the King County Information System.) This figure of 14% was then projected to the total number of adult persons served within the KCRSN, (which includes the KCMHP population added to all of the carve-out programs, such as PATH and HOST.) The projection of 3,700 adult persons who are literally homeless and who have a mental illness is considered conservative because clients in many of the carve-out programs are more likely to be literally homeless.

DESC projects a total number of clients receiving PATH funded services at 445. Approximately 95% (estimate) will be "literally" homeless. The remaining 5% would will be housed at the beginning of the fiscal year as a result of PATH funded services in the previous fiscal year. They would be considered to be at

risk of losing housing, but not imminent risk. Approximately 310 will be new contacts within the PATH reporting year. This projection is based on the projects performance in the 2004-2005 PATH reporting year. The number of staff and variables effecting project goals remains largely the same.

The SMH PATH Program was initiated April 1, 2006. SMH intends to enroll a minimum of 125 unduplicated persons in the PATH program during the one-year period. Given the national and local trend, SMH is prepared to contact and assess a minimum of 250 to 375 persons to reach 125 enrollees. As this is the first year of the SMH PATH project, the agency will be gathering baseline data regarding the percentage of clients served with PATH funds that will be "literally" homeless. Based upon feedback from the community and of the previous PATH provider in the area, it is expected that those literally homeless will be living on the street, in cars, or in the woods. A reasonable projection is that at least 50% of those to be served will be literally homeless.

- b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

Outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals. This category of services includes what can be called "inreach", defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. Over time, engagement begins to occur. DESC provides these services in a primarily urban setting. SMH provides the same services in more rural locales as well as smaller communities experiencing rapid growth that may not have corresponding growth of service providers.

PATH staff from both agencies are trained and skilled in screening and providing provisional diagnoses and treatment recommendations. In addition, DESC works closely with the Healthcare for the Homeless program and has two mental health workers from that program located at the agency. There is close collaboration and consultation between the two programs.

KCRSN has a commitment to providing vocational services to all clients who desire to work.

KCRSN has a regional Employment Services Center as a resource for all clients, regardless of the enrolling agency. SMH also has an in-house employment

program available to PATH enrolled clients, among others. Other opportunities for habilitation and rehabilitation occur within the peer-run drop-in clubs.

DESC and SMH are dually licensed as community mental health providers and chemical dependency providers, allowing for tightly integrated services.

Training for staff occurs on a regular and periodic basis at both agencies. In addition, KCRSN is engaged in a process to reorient all services to more recovery supportive approaches. This has and will continue to include staff training for all personnel in the system.

While the PATH workers at both agencies are skilled at outreach and engagement strategies, they are also by title and training case managers who assist individuals in accessing needed services, coordinate the delivery of services in accordance with the case plans, and follow-up and monitor progress. These activities may include financial planning, access to entitlement assistance, representative payee services, etc. PATH case managers link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.

Both agencies have made an extraordinary commitment to finding and providing housing and housing assistance to the clients who are homeless and that they serve.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

KCRSN coordinates with a large number of community organizations to provide key services. This helps to build a full spectrum of services that otherwise would not exist. A KCRSN staff person is devoted to housing and vocational services. He is on the McKinney Steering Committee which coordinates all the funding for all of the McKinney programs. He is also active in the Housing Access Services Program for King County Section 8 vouchers. This staff person is on the Shelter Plus Care Coordinating Committee, which provides Shelter Plus Care vouchers. He also participates on the Taking Healthcare Home program to coordinate the development of housing for those who are chronically homeless in King County.

This same staff person meets regularly with representatives from the Washington State Division of Vocational Rehabilitation (DVR) and the vocational services providers in King County to ensure coordination and capacity for the clients served.

Organizations in the same service area as DESC that provide services and housing to PATH-eligible clients and the coordination with the organizations are as follows:

Housing:

Downtown Emergency Service Center - Major provider of supportive housing and Safehaven housing for PATH recipients. As this is in-house resource, DESC is able to achieve a high degree of coordination at point of housing placement, and integration of service after housing is acquired. Significant supportive service is available within DESC housing.

Archdiocesan Housing Authority (AHA) - Known for housing homeless adults and providing a degree of housing support. Coordination of services between PATH funded staff are done with relative ease and with philosophical congruence. DESC and AHA staff coordinate efforts to assure appropriate support is available to the client as they stabilize in housing.

Plymouth Housing Group (PHG) - Large provider of low income housing in Seattle. Also manages the Shelter Plus Care vouchers for the area. Some of PHG's housing stock is appropriate for PATH clients. DESC staff and PHG staff coordinate efforts to assure appropriate support is available to the client as they stabilize in housing. DESC recently entered into an agreement with PHG establishing 5 "set aside" units in one of their buildings just 1 block from the PATH funded team office.

Seattle Housing Authority (SHA): Manages Section 8 resource applied to DESC and other housing programs. This is primarily an applications processing arrangement.

Shelter:

Downtown Emergency Service Center (DESC), Archdiocesan Housing Authority (AHA), and Salvation Army's William Booth Center provide the key shelter resources for adults with severe mental disorders and co-occurring mental and substance abuse conditions. PATH staff are officed in the DESC's shelters. They also provide direct outreach to Noel House, an AHA shelter for women. Shelter staff assist in identification of PATH eligible persons and facilitate engagement. Other shelters make referrals as appropriate and assist in the initial engagement while continuing to provide shelter until housing can be acquired.

Primary Health Care and Basic Mental Health Services:

Health Care for the Homeless maintains a medical clinic within DESC's shelter. Emphasis is placed on assessment, engagement and referral to Harborview Hospital clinics, especially the Pioneer Square Clinic, a major provider of health

care for PATH clients. DESC staff maintain strong working relationships with Health Care for the Homeless and Pioneer Square Clinic.

Health Care for the Homeless Mental Health (HCH): DESC hosts two mental health practitioners, providing office space and support. People screened out for PATH funded services are referred to HCH as they are positioned to fill part of the service gap existing between DESC's PATH program and the Medicaid funded community mental health system.

Downtown Emergency Service Center: Many PATH clients transition to DESC's mental health services for on-going case management and treatment. Others are transitioned to a variety of agencies specializing in serving particular minority groups, or other agencies more geographically convenient to the client's residence.

Crisis:

Harborview Emergency Room/Crisis Triage Unit: DESC has a long history of receiving referrals from the E.R./Crisis Triage Unit to DESC's shelter and Crisis Respite Program. PATH staff frequently go to Harborview's emergency room to deliver crisis intervention services and attempt to prevent inpatient psychiatric hospitalization.

Harborview Mental Health Services: Provides crisis services to some PATH clients in the initial stage of engagement and refers others in obvious need of an assertive outreach and engagement effort to DESC's PATH program.

Outreach:

Mental Health Chaplaincy: A small but effective outreach program prioritizing effort to homeless adults with serious/severe mental disorders and not succeeding in engaging with mainstream services. Coordination between the Mental Health Chaplaincy and DESC's PATH program is tight in order to avoid duplication of services and to assist in locating clients who are lost to follow-up.

Cultural Competency:

DESC maintains contracts with several community mental health providers specializing in serving ethnic and sexual minority persons, providing cultural consultation services on at least an annual basis for each client receiving intensive case management services. The agency database is used to track compliance with this requirement. Consultation guidance is incorporated into service/treatment plans and enhance the skill set of PATH funded staff.

Substance Abuse Treatment:

Substance abuse treatment for PATH clients is provided by two DESC-PATH staff members who are Chemical Dependency Professionals. DESC is also a licensed chemical dependency provider, enabling us to provide highly integrated

care for those willing and able to work more directly on their chemical dependency concerns. Outpatient individual and/or group treatment is available.

Evergreen Treatment Services (ETS): DESC has a cooperative working relationship with ETS, enabling them to better serve people needing methadone treatment and in working with persons who are chronic alcohol dependent.

Income and Benefits Related:

Department of Social and Health Services (DSHS): DESC's PATH program forged a strong working relationship with the DSHS that streamlines the application process for PATH clients. This working agreement has been enshrined in DSHS procedural language. This working agreement provides what is best characterized as presumptive eligibility for SSI/SSDI.

Social Security Administration (SSA): Significant activity with SSA in acquiring, maintaining and renewing SSI and SSDI benefits. Communication and coordination with SSA offices has been more frequent and informative in the past two years. SSA staff periodically attended PATH team meetings to educate staff about rights, rules and efficient interaction with SSA staff.

Organizations in the same service area as SMH that provide services an housing to PATH-eligible clients are as follows:

Housing and Shelters:

SMH has contractual relationships and agreements with numerous recovery-oriented housing providers throughout King County. SMH clients are housed at DESC, Taylor Houses (Algona, Federal Way, and Burien), Catherine House (Kent), Pioneer Human Services, Low Income Housing Initiative (county-wide), YWCA, Oxford Houses (county-wide), Hidden Harbor House (DeMoines), Colonial Court Apartments (Auburn) and Normany Park Apartments (Tukwila). SMH has a portfolio of emergency, transitional, and permanent housing options.

Primary Health Care and Basic Mental Health Services:

Community Health Centers - Auburn and Kent, WA. SMH is able to refer PATH clients here for physical examinations and medication services.

Crisis:

Local Hospital Emergency Rooms - SMH receives referrals from this resource and endeavors to prevent psychiatric admissions for PATH clients that present in crisis. The agency has excellent working relationships with the local hospitals to facilitate voluntary/involuntary commitment.

Substance Abuse Treatment:

SMH has relationships with the following Chemical Dependency treatment providers: Dutch Shisler Sobering Center (detoxification services), Harborview

Treatment Center , Therapeutic Health Services (opiate substitution, assessment, outpatient and intensive outpatient services), Recovery Centers of King County, Bridgeway at Community Psychiatric Clinic (assessment, outpatient and intensive outpatient services), Downtown Emergency Shelter Center (outreach and outpatient services), Pioneer Center North and formerly Cedar Hills (Residential services). Adolescent services are primarily provided by Ryther Treatment Center.

Criminal Justice:

Local police departments and the County Sheriff's Department that provide referrals to SMH.

SMH has recently entered into a contract to provide transitional and housing service to people released from Kent, Auburn, Renton, Enumclaw, Kirkland, and Issaquah courts and jails for co-occurring disorder clients.

For those incarcerated SMH will assist the DSHS benefit specialist at the facilities in identification of and connection with the PATH client. Having established excellent working relationships with local and regional CSOs, staff are able to provide advocacy services on behalf of functionally impaired clients, complete online applications and follow up to ensure timely responses.

Employment:

SMH PATH staff will work closely with and have regular meetings with the SMH Vocational Program staff for the purpose of both job assessment/placement and referral of homeless clients for State funded vocational rehabilitation services. These staff work closely with the local Department of Vocational Rehabilitation offices.

Income and Benefits Related:

SMH has established excellent working relationships with local and regional CSOs. Staff are able to provide advocacy services on behalf of functionally impaired clients, complete online applications and follow up to ensure timely responses. The SMH PATH team will draw upon agency expertise with expediting entitlements (food stamps, supplemental security income, housing vouchers, etc.) for these individuals. The PATH case manager will facilitate the application process, eligibility determination and documentation requirements for state and federal entitlements in multiple service systems. The majority of participants will be eligible for public entitlements. PATH staff will immediately initiate an application and gather all the necessary data and medical evidence to support it. Staff will submit the application to DSHS to ensure that the participant has a means of support as soon as possible. For those incarcerated SMH Liaisons will assist the DSHS benefit specialist at the facilities in identification of and connection with the PATH client.

- d. gaps in current service systems;

Service Capacity: Due to State funding shortages, King County is unable to provide an adequate supply of ongoing community mental health treatment/services to meet the needs of people without Title XIX Medicaid. Pending changes in the rules regarding the use of Medicaid savings will serve to worsen the situation.

Response: KCRSN is working hard to lobby the Washington State Legislature to fund the anticipated shortfalls and to devise more stable funding streams for this population. KCRSN is also working with other Regional Support Networks to bring the issue to the attention of the media and the public.

Increased knowledge and efficiency in Supplemental Security Income (SSI) application process will enable clients apply expeditiously for benefits, including eligibility for mental health services. King RSN staff and staff from DESC attended a PATH sponsored technical assistance training regarding presumptive eligibility for SSI in 2005.

DESC; continues communication with SSA representatives and related staff education; Maintains an excellent agreement with DSHS which expedites the process of acquiring SSI; continues advocacy for increase in funding for PATH eligible persons; will pursue any expansion grants offered at the local, State, or Federal level that would allow services to homeless persons with severe and persistent mental ill who don't have Medicaid and people not eligible for Medicaid. As mentioned in 3.c, Health Care for the Homeless (HCH) has a mental health team available to work with some of the non-Medicaid population. DESC's PATH program maintains a collaborative relationship with HCH.

SMH will coordinate with Community Health Centers and Primary Care Physicians for ongoing mental health services in the community. SMH also attempts to acquire Medicaid spend downs for those individuals with Medicare.

Housing Shortage: The inadequate supply of affordable and subsidized housing with appropriate support services to meet the needs of severely and persistently mentally ill persons who have been homeless. There is not enough clustered living (shared housing without 24-hour staffing) available. Acquiring housing is difficult because of community opposition to housing this population in their communities. The simple financial burden of acquiring single family dwellings in the metropolitan Seattle housing market make this a difficult niche to penetrate.

Response: As noted in 3.c. above, a KCRSN staff person is devoted to housing services. He is on the McKinney Steering Committee which coordinates all the funding for all of the McKinney programs. He is also active in the Housing Access Services Program for King County Section 8 vouchers. This staff person is on the Shelter Plus Care Coordinating Committee, which provides Shelter Plus Care vouchers. He also participates on the Taking Healthcare Home program to coordinate the development of housing for those who are chronically homeless in King County. This group is currently developing a Request for Proposal for

south King County for new housing. This would include clients in the PATH program.

DESC pursued and received a McKinney-Vento award to fund 60 scattered site units for 60 homeless adults, allowing us to move closer to a pure "housing first" model. Some of these units will be available for persons served through PATH funding. DESC will continue to aggressively develop supportive housing with the PATH population in mind.

SMH has access to a wide array of housing options for the mentally ill in King County. Access to affordable and stable housing is a critical need for homeless mentally ill. SMH maintains a solid referral and linkage to network emergency, transitional and permanent housing. SMH has contractual relationships and agreements with numerous recovery-oriented housing providers throughout King County. SMH clients are housed at DESC, Taylor Houses (Algona, Federal Way, and Burien), Catherine House (Kent), Pioneer Human Services, Low Income Housing Initiative (county-wide), YWCA, Oxford Houses (county-wide), Hidden Harbor House (DeMoines), Colonial Court Apartments (Auburn) and Normany Park Apartments (Tukwila). SMH has a portfolio of emergency, transitional, and permanent housing options. In addition, SMH will work closely with the agency awarded the South King County Pilot Project for permanent housing. Shortage of chemical dependency treatment services for people without public entitlements.

Response: KCRSN is also known as the King County Mental Health, Chemical Abuse and Dependency Services Division (KCMHCADSD). As the KCMHCADSD, the Division has many staff dedicated to ensuring services to persons with chemical dependency and abuse issues. While treatment services are scant for people without entitlements, the Division does administer funds and contracts for chemical dependency case management through a number of programs such as the Sobering Center and the Detox facility. This case management provides screening, brief interventions and referrals. The Division recently received a federal grant for the Washington Screening, Brief Intervention and Referrals and Treatment program, which provides early intervention to persons identified in hospital emergency rooms as being in early stages of abuse/dependency – including homeless persons.

DESC is a licensed chemical dependency provider. DESC will continue providing chemical dependency treatment to PATH program consumers with Medicaid and those eligible for treatment available through a local "low income" funding. Unreimbursed chemical dependency treatment will also be provided to the degree possible. DESC will also continue to advocate for additional treatment money for the indigent population with concurrent mental disorders and substance abuse.

SMH is a licensed chemical dependency provider. Special vouchers are still made available to non-medicaid PATH clients who are able to be served through our co-occurring disorders (COD) program. Funded COD clients can be directly referred into the SMH COD program.

Funding for vocational services continues to be inadequate to meet the need. Response: KCRSN has a staff person who meets regularly with DVR and the vocational services providers in King County to ensure coordination and capacity for the clients served. He is currently the lead on a workgroup of vocational service providers and other stakeholders to create a strategic plan to improve employment outcomes among all clients. Both DESC and VCCC are represented on this workgroup.

In 2003 and 2005, KCRSN leveraged funds from DVR to develop a regional Employment Services Center (ESC). Vocational services in the center are offered to all enrolled clients, including those enrolled in both of the PATH programs.

SMH is committed to vocational services and has in-house vocational staff to assist clients in negotiating the DVR system and obtain appropriate training and job preparedness in spite of limited financial resources.

Lack of access to frequently expensive psychiatric medications for clients keeps many with ongoing and increased symptoms. Medication stability would greatly improve the probability of engaging, transitioning and housing these individuals.

Response: DESC hosts two mental health practitioners, providing office space and support. People screened out for PATH funded services are referred to HCH as they are positioned to fill part of the service gap existing between DESC's PATH program and the Medicaid funded community mental health system.

Shortage of dental services. Dental services continue to be in short supply due to the diminishing number of dentists willing to accept Medicaid reimbursement rates. And very few dental services provide free dental care.

Response: DESC has advocated for an increased reimbursement rate in order to bring more dentists into the Medicaid provider pool. Both SMH and DESC continue to identify and maintain accurate lists of any and all dental services that are free or subsidized. The University of Washington Dental School is one such entity.

Access to facilities for hygiene, laundry, storage of belongings, etc. is limited.

Response: Both DESC and SMH have on-site shower facilities. Both agencies also work with a limited number of homeless shelters that have these resources.

- e. services available for clients who have both a serious mental illness and substance use disorder;

As noted in 3.d. 3) above, KCRSN is also known as the King County Mental Health, Chemical Abuse and Dependency Services Division (KCMHCADSD). As the KCMHCADSD, the Division has many staff dedicated to ensuring services to persons with chemical dependency and abuse issues. There is a high degree of communication and growing coordination between mental health providers and chemical dependency treatment services providers. Many of the licensed mental health agencies in the KCRSN network have also become licensed outpatient chemical dependency providers, including both DESC and SMH.

DESC became a licensed outpatient chemical dependency provider in 1999. The agency developed their chemical dependency treatment program with the PATH population and chronic substance abusing population in mind. Integration of chemical dependency treatment and mental health services at DESC is tight. The PATH team has weekly psychiatric consultation meetings with the psychiatrist (DESC Medical Director). One meeting each month is focussed on assessment and provision of services to people with co-occurring mental health and substance abuse.

SMH is certified and contracted as a chemical dependency outpatient and intensive outpatient (OP & IOP) provider with a strong integrated approach to behavioral services. Of its 8 certified outpatient sites throughout King County, 5 of these are located in Auburn, Renton, Kent, Tukwila and Bellevue.

The PATH case managers will provide a substance abuse/chemical dependency screening and assessment to determine appropriate treatment plans and linkages to necessary chemical dependency treatment services. SMH will coordinate referrals and linkages to chemical dependency providers as well as accept internal referrals. SMH has an excellent working relationship with chemical dependency treatment providers in the community.

- f. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

DESC will continue to aggressively pursue funding for development of subsidized supportive housing. The agency will build on a strong track record of developing and operating housing that meets the needs and limitations of the PATH eligible population. Housing longevity and clinical stabilization remain the focal points of their effort. DESC operates Kerner-Scott Safehaven with a flexible entry approach as well as a highly individualized service model. Many PATH clients are prioritized for apartments at Kerner-Scott Safehaven. DESC also operates three other buildings using a unique supportive housing model that received a HUD best practice award. Two more buildings targeting chronic homeless populations are on-line to be available in 2006. DESC also works with Seattle Housing Authority for the Section 8 resource that is applied to DESC housing,

and with Plymouth Housing Group for the Shelter Plus Care vouchers available to DESC PATH clients.

SMH housing case managers know countywide housing resources, are skilled at maneuvering systems, provide tenant support/advocacy functions, are flexible in adjusting range, intensity and venue of services (institution, home, agency, workplace) in order to best support individuals in transition. They provide trainings on Ready to Rent, accessing Section 8 vouchers, assisting the client with paperwork for leases, and securing more permanent housing arrangements.

SMH has access to a wide array of housing options for the mentally ill in King County. Access to affordable and stable housing is a critical need for homeless mentally ill. SMH maintains a solid referral and linkage to network emergency, transitional and permanent housing. SMH has contractual relationships and agreements with numerous recovery-oriented housing providers throughout King County.

SMH clients are housed at DESC, Taylor Houses (Algona, Federal Way, and Burien), Catherine House (Kent), Pioneer Human Services, Low Income Housing Initiative (county-wide), YWCA, Oxford Houses (county-wide), Hidden Harbor House (DeMoines), Colonial Court Apartments (Auburn) and Normany Park Apartments (Tukwila). SMH has a portfolio of emergency, transitional, and permanent housing options. In addition, SMH will work closely with the agency awarded the South King County Pilot Project for permanent housing.

Seattle Mental Health provides numerous services that require a housing component: The DMIO, the MIOCPT, the Housing Voucher Program, the COD Project and Jail Transition Services. All referrals to these contracts are homeless individuals who were successfully housed within 30 days of referral. In addition SMH has access to a wide array of housing options for the mentally ill in King County.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

King County has an extraordinary collaboration in the standing Committee to End Homelessness, formed in 2005. The members include some of the region's most prominent leaders from businesses, foundations, communities of faith, social services and homeless advocacy organizations as well as local governments. The Committee approved the region's Ten-Year Plan to End Homelessness.

Critical housing and support services for homeless individuals and families across King County will be created over the next 10 years as the region moves forward with implementing A Roof Over Every Bed in King County. Developed by community leaders and advocates, the primary goals of the plan are to move

people quickly into stable housing, rather than into shelters or temporary housing, and provide the necessary supportive services to help sustain that housing and prevent homelessness.

Staff in the PATH programs will be involved in planning and implementation of the 10 Year Plan. Clients will benefit from these collaborations and the programs that result.

DESC's Executive Director is a member of the McKinney Steering Committee, the group that sets the Seattle/King County continuum of priorities which guides what goes into the local application to HUD for continuum of care funds. He also sits on the advisory board of King County's Ten Year Plan to End Homelessness. A DESC program director co-chairs the Seattle/King County Coalition for the Homeless and DESC's Clinical Director is a member of the State Mental Health Planning and Advisory Council. All of these groups provide input and advice to local and state funding entities regarding housing priorities.

SMH intends to participate within the HUD Continuum of Care program as well as the regional 10-Year Plan to End Homelessness, the South King County Homeless consortium and other related activities. SMH plans to incorporate the PATH service into its array with the local and regional police, courts, homeless providers, hospitals and faith-based communities. SMH is a member of alliances in South and East King County and a member of the homeless workgroup in South County. SMH will collaborate with the other team members which may include community correction officer, Department of Social and Health Services – Mental Health Division, Department of Alcohol and Substance Abuse, MHCADSD, Division of Developmental Disability, law enforcement, local treatment providers, the client and family members, homeless advocates and County Mental Health Professionals, Emergency Rooms and jail staff.

SMH has recently entered into a contact to provide transitional and housing service to releasees from Kent, Auburn, Renton, Enumclaw, Kirkland, and Issaquah court and jail for co-occurring disorder clients. These system meetings will be utilized to the benefit of the PATH clients.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

KCRSN served a total of 18,674 adult and older adult individuals in 2005. The racial ethnic diversity for adults is described on the following table, the Total Census Parity Ratio. (A parity score of 1.00 indicates that clients are being served with a frequency identical to their prevalence in the general population.)

The information is drawn from the KCRSN 2005 Mental Health Plan Year End Report.

Ethnicity	% of Adults served	Total Census Parity Ratio
African American	16.8	3.66
Asian/Pacific Islander	6.6	.66
Caucasian	63.9	.73
American Indian	2.1	3.94
*Hispanic	7.8	1.19

*Note: Hispanic origin is counted separately from ethnicity. This is consistent with State of Washington definitions. The state census data does not include a category for mixed ethnicity

The Seattle/King County Coalition for the Homeless (SKCCH) coordinates a comprehensive one-night count of homeless persons each year. This is a highly coordinated event, but cannot possibly represent the entire homeless population due to the vast size and rural nature of much of King County. Select results of the 2004 count follow:

Total Estimated Homeless (on a given night): 8,300

Street Count: 2,216

Estimated additional uncounted on street: 1,500

Last Permanent Address: 60% in City of Seattle; 10% in balance of King County; 19% out of state addresses.

Official results of the 2006 One-Night-Count have not been released as of this writing. Therefore, 2005 demographic breakdowns are offered below.

Additionally, survey Results of those being served by a homeless services provider (probably over represents some categories as the survey represents populations for whom funding is more available).

Gender: 58% male; 42% female

Age: 0 - 17: 31%; 18-25: 10%; 26-59: 55%; 60-84: 5%

*Race/Ethnicity:

Caucasian: 39%; African American: 38%; Hispanic: 11%; Asian/Pacific Islander: 4%; Native American: 3%; Multi-racial: 5%

*African Americans have the greatest disparity between general population and homeless population prevalence. Thirty eight percent of the homeless population is African American while they make up just 5% of the general population. Predictably, the Caucasian homeless prevalence is half that of the general population prevalence.

The population served in DESC's PATH funded program is very diverse. Ethnic/racial minority populations are over represented compared to their prevalence in the general community. Sexual minorities and older adults are also clearly represented among the PATH eligible population and those served.

In 2003, the (King County) Crisis Clinic's Community Information Line received 1,799 calls from people from South King County who identified themselves as homeless; 1115 calls from South King County residents looking for housing; and 1721 calls from South King County residents seeking shelter.

SMH provides holistic and culturally sensitive treatment services to all clients. Services are provided within the client's cultural context, be that ethnic/racial, religious, disability and/or sexual preference. All of the individuals served are single adults, over the age of 18. The majority of the clients are caucasian males, however, the agency also serves females and families, all racial ethnic groups including Native Americans, and veterans. Over 80% of the individuals served in the previous PATH program in South King County in 2004 were caucasian males.

Currently, all DESC staff serving the PATH program are caucasian. One of the PATH case managers is bilingual in English and Spanish, assuring our ability to capably serve monolingual Spanish speaking consumers. In additon to having a bilingual/bicultural case manager on the PATH team, a fully certified interpretation service is used as needed to bridge the language gap with clients having limited or no English proficiency.

SMH maintains a culturally mixed and diverse staff trained in delivery in culturally specific treatment and sensitivity to cross cultural issues. SMH also accesses staff and outside consultants who meet the state mental health regulations for ethnic, cultural and disability specialists if appropriate. Agency staffs include ethnic minority specialists (African-American, Native-American, Asian-Pacific Islander, and Hispanic), CD, Disability and Deaf Specialist as well as numerous child and geriatric specialists. SMH is the special population provider for the deaf countywide, and an active member of the King County Cross Cultural Alliance. When possible, services are offered through bilingual staff. When a language match is not possible, interpreter services are utilized.

PATH clients who are members of specific minority groups and engage in case management services have an annual cultural consultation done with a qualified minority mental health provider. In addition to getting individualized consultation focused on cultural issues and implications for case management and psychiatric treatment, this activity provides case managers with multiple opportunities to expand their general cultural competency.

Training and Staffing: DESC sponsors a minimum of one in-house staff training per year focused on cultural awareness/competence. Other community training

on age, sexual minorities and ethnic minority cultural competence is available and supported by the agency paying the cost of training.

SMH has provided cultural awareness training to all staff on a yearly basis. Staff are also able to attend agency funded external trainings. Staff, initially received training on serving the homeless from a well respected agency, in Seattle, that has been doing this work for a number of years. Now they receive ongoing training, that is offered in the community yearly.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

DESC involves consumers in the planning, implementation and evaluation of services in the following ways. Consumer meetings are held in the DESC Drop-in Center every other week in order to maintain an avenue for clients to offer input regarding the quality and nature of services provided. These meetings are facilitated by a "consumer provider" who is a member of the PATH program and also coordinates the drop-in center operation. PATH program supervision and/or program management staff attend this meeting on a monthly basis to engage in dialogue with clients in order to get more direct programatic feedback and ideas. Parents are very rarely involved in the lives of the subset of people served in DESC's PATH program. The preliminary goal of rebuilding a basic relationship with the nuclear family is the more likely goal. PATH eligible consumers volunteer to assist in some of the basic operations and cleanup of the drop-in center, including acting as a tutor/mentor in the computer lab.

Persons who are homeless and have serious mental illnesses and any family members are involved within the SMH service planning at a number of levels. Peer supports are developing throughout the criminal justice continuum and will be for PATH. Consumers participate in service and system planning activities such as meetings and workgroups. Family members are included in its governing body, the SMH Board. SMH has demonstrated experience working collaboratively with consumer advocacy organizations such as NAMI Greater Seattle, NAMI-Eastside and NAMI South King County. Consumer-led groups are active at each of the four Adult Community Support sites (Seattle, Bellevue, Tukwila and Auburn).

SMH offers both volunteer and employment opportunities for persons who are PATH eligible. SMH does not currently have persons who are PATH-eligible serve on governing or formal advisory boards.

Please note that SMH has begun providing PATH services as of April 1, 2006.

Washington State PATH Application 2006

King County Regional Support Network

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) PATH Funds	(2) Match	(3)	(4)		
a. Personnel	\$147,768.00	\$63,940.00			\$211,708.00	
b. Fringe Benefits	\$52,083.00	\$25,362.00			\$77,445.00	
c. Travel	\$2,357.00				\$2,357.00	
d. Equipment (Palm Pilots)	\$18,640.00				\$18,640.00	
e. Supplies	\$5,180.00				\$5,180.00	
f. Contractual	\$23,726.00				\$23,726.00	
g. Construction	\$0.00				\$0.00	
h. Other - Data Agreement with NWRA	\$8,000.00				\$8,000.00	
i. Total Direct Charges (sum of 6a - 6h)	\$257,754.00	\$89,302.00			\$347,056.00	
j. Indirect Charges	\$4,900.00				\$0.00	
k. TOTAL (sum of 6i and 6j)	\$262,654.00	\$89,302.00			\$347,056.00	
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				(e) Fourth
	(b) First	(c) Second	(d) Third		
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

**King County Regional Support Network
FFY 2006 PATH Re-application
SF 424A Budget Narrative**

The Federal PATH base allocation for the King County Regional Support Network (KCRSN) for FFY 2006 is \$240,901. Of that amount, \$115,788 supports Downtown Emergency Service Center (DESC) and the remaining \$125,113 supports Seattle Mental Health (SMH). Additionally, \$20,378 will be allocated to North West Resource Associates to support the Palm Pilot Data Collection Project. Finally, an additional \$1,375 is allocated to KCRSN for purchase and repair of devices for the Palm Pilot Data Collection Project. Of this amount, KCRSN is allocating \$1,000 to DESC and \$375 to SMH.

Non-Federal match will be provided by KCRSN-dedicated clean, State funds for a total non-Federal match of \$89,302. All of the match will be provided through contracted funds to DESC.

CONTRACTUAL

**SF 424A Budget Narrative
FY 2006-20007**

Personnel

Position	PATH-funded FTE	PATH Funded Salary	Total
Outreach Case Mgr.	1.0	\$27,912	
Outreach CM/Sprvsr.	.11	\$ 3,790	
Outreach CM/Sprvsr.	1.7	\$64,863	
Intensive Case Mgr.	1.0	\$27,912	
Intensive Case Mgr.	.789	\$23,291	
Enter subtotal on 424A, Section B, 6.a.			\$147,768

Fringe Benefits

Enter subtotal on 424A, Section B, 6.b.	\$52,083
---	----------

Travel

Staff mileage reimbursement including transporting clients at 38.5 cents per mile

Enter subtotal on 424A, Section B, 6.c.	\$2,357
---	---------

Equipment

Includes categories of Communications, Depreciation and Amortization, Interest, Rental, Repairs and Maintenance and Palm Pilot equipment for data collection. See the following for explanations.

Communications expenses include most standard program phone support and wireless communications. This cost center has been decreased in this proposal compared to typical in-house operations. This decrease is in consideration of staff being primarily community based.

These expenses include the program's allocated share of the organization's overall depreciation and amortization expenses. This allocation is completed on a program FTE basis.

This expense includes the program's allocated share of the organization's overall interest expense. This allocation is completed on a program FTE basis.

Rental expense includes the program's allocated share of all facility and equipment lease fees. This cost center has been decreased in this proposal compared to typical in-house operations. This decrease is in consideration of staff being primarily community based.

This expense includes the program's allocated share of costs for facility, vehicle, and computer servicing. This allocation is completed on a program FTE basis.

This includes the allocation for Palm Pilot of \$1,375.

Enter subtotal on 424A, Section B, 6.d. \$18,640

Supplies

Office supplies and any supplies given to clients such as snacks or other qualifying items

Enter subtotal on 424A, Section B, 6.e. \$ 5,180

Contractual

This includes the Data Agreement with Northwest Resource Associates and well as translation services, transcription of psychiatric evaluations and special population consultations when necessary.

Enter subtotal on 424A, Section B, 6.f. \$ 23,726

Construction

Enter subtotal on 424A, Section B, 6.g. \$ 0

Other

Direct client assistance includes costs associated with obtaining shelter for eligible clients and psychiatric services. "Other" also includes the program's allocated share of the organization's overall insurance expense including Professional & General Liability insurance and vehicle insurance. This allocation is completed on an FTE basis. Also includes miscellaneous general program expenses and the program's allocated share of the organization's overall miscellaneous including licenses, credentialing, advertising, printing, and training costs. This allocation is completed on a program FTE basis.

Enter subtotal on 424A, Section B, 6.h. \$8,000

Total Direct Charges (sum of 6.a-6.h)

Enter subtotal on 424A, Section B, 6.i. \$257,754

Indirect Costs

Occupancy, clinical support, psychiatric services.

Enter subtotal on 424A, Section B, 6.h. \$4,900

Total PATH(sum of 6i and 6j)--Enter total on 424A, Section B, 6.k. \$262,654

MATCH Non-Federal match will be provided by KCRSN-dedicated clean, \$ 89,302
State funds. All of the match will be provided through contracted funds to DESC for the Homeless Outreach, Stabilization and Transition Program (HOST).

GRAND TOTAL \$351,956

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties

117 North First Street, Suite 9 • Mount Vernon, WA 98273 • 360.418.7013
360.684.3555 • Fax 360.418.7017 • TTY 360.419.9008 • Email info@nsmha.org • Web Site <http://nsmha.org>

APR 18 2006

April 14, 2006

RECEIVED

Hank Balderrama
Mental Health Division/DSHS
P.O. Box 45320
Olympia, WA 98504-5320

Dear Mr. Balderrama,

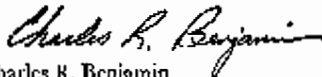
The North Sound Mental Health Administration (NSMHA) is pleased to submit our Intended Use Plan, Budget, and Budget Narrative for the 2006-7 PATH Program. The NSMHA intends to contract with MHID for these services and will in turn sub contract with Compass Health and Whatcom Counseling and Psychiatric Services to provide PATH services. NSMHA believes that this program is a key component of its continuum of services for it allows assertive outreach and supports to one of the most vulnerable populations, people with serious mental illnesses who are homeless. The NSMHA, Compass Health and Whatcom Counseling and Psychiatric Clinic as well as their respective communities appreciate this opportunity to serve over 600 people who are homeless and mentally ill under this contract.

In this proposal, outreach continues to cover all of Snohomish County. Since last year, Compass Health has been able to re open their Drop-In Center and is adding a clubhouse. This will mean a broader continuum of services available to engage people who are mentally ill and homeless. This proposal continues the recent initiation of PATH Services in Whatcom County. PATH Services in this county complement both the outreach services to homeless substance abusers and the Rainbow Center clubhouse services.

The NSMHA proposes the expenditure of \$185,697 in PATH funds, which will be awarded in the coming year in the amount of \$139,894 to Compass Health and \$45,803 to Whatcom Counseling and Psychiatric Clinic. Compass will match with at least \$47,564 and Whatcom Counseling and Psychiatric Clinic will match with at least \$15,573. All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements. Both Compass Health and Whatcom Counseling and Psychiatric Clinic certify to the NSMHA and the Mental Health Division that local non-federal funds are available at the beginning of the award year and will be sufficient to meet federal requirements.

We look forward to our continued work with you on this contract.

Sincerely,



Charles R. Benjamin
Executive Director

CC: Jess Jamieson, CEO, Compass Health
Andy Byrne, CEO, Whatcom Counseling and Psychiatric Clinic

Section C: Local Provider Intended Use Plans

North Sound RSN

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The North Sound Mental Health Administration (NSMHA) is the Regional Support Network (RSN) covering the five northwest counties of Washington State. A Board of Directors comprised of elected county commissioners or their designees of the five counties governs the RSN. The Region has a population of over 1 million people and 120,000 Medicaid eligible individuals. NSMHA is also a publicly funded Prepaid Inpatient Health Plan serving the needs of residents of Island, San Juan, Skagit, Snohomish, and Whatcom Counties.

Everett and Bellingham are the two largest cities in the Region and have significant homeless and street populations. Everett in Snohomish County has a navy base and a large Boeing Aircraft factory. Bellingham is the last large city on the west coast before entering Canada. Both agencies are respected agencies in their communities and have provided a broad range of community mental health services for many years.

Coordinated mental health care, including crisis outreach, outpatient and residential services are provided by at least three contracted agencies in each county. The RSN coordinates services for the homeless in Snohomish and Whatcom Counties through the PATH-funded teams operated by Compass Health in Snohomish County and Whatcom Counseling and Psychiatric Clinic in Whatcom County. The Compass Health PATH was one of the original programs in Washington State and has operated for over a decade. The NSMHA and Whatcom County are pleased that the PATH services began in Whatcom County on April 1, 2005.

2. Indicate the amount of federal PATH funds the organization will receive.

The NSMHA anticipates receipt of \$185,697 in funds, which will be awarded in the coming year in the amount of \$139,894 to Compass Health and \$45,803 to Whatcom Counseling and Psychiatric Clinic.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients including:

Please see the attached individual Intended Use Plans (IUPs) from Compass Health and Whatcom Counseling and Psychiatric Clinic for complete details regarding services, individual program demographics, and specific plans.

- a. The projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. See page 11 for definition of "imminent risk of homelessness")

Based on the combined projections of the two PATH programs in the North Sound Region, it is estimated that approximately 600 will receive outreach and engagement services. Compass Health predicts that 125 of those individuals will need mental health services while WCPC projects 65 individuals will become enrolled.

Compass Health predicts from their years of past experience that 55% of the PATH clients they serve will be homeless (living outdoors on in short term shelters). WCPC projects that 80% of the total number of PATH clients will be "literally homeless".

NSMHA audits all its contractors on an annual basis and will audit these contracts on an annual basis. NSMHA will consult with its PATH contractors on a quarterly basis to assure that they are achieving the programs objectives and to assist with any homelessness or housing issues.

- b. List services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services.

Please refer to the two NSMHA sub-contractor Intended use Plans for further details about this section of the application. Please see Compass Health's IUP and WCPC's IUP.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating, or assessment activities.

Compass Health has participated actively in the Continuum of Care planning process for years. Their staff currently serves on the steering group, subcommittees and the taskforce itself, called the Snohomish County Homeless Policy Task Force. Compass has developed a wide range of housing and works closely with the two housing authorities in Snohomish County.

WCPC has participated in the local Continuum of Care planning for years. In 2003, a group of housing and service providers developed a **Ten Year Plan to End Chronic Homelessness**. Whatcom County has passed special levies to support housing for low income and disabled people. This had lead to an array of housing options not usually found in a county of this size. WCPC and the other mental health providers in this county work in collaboration with the county housing authority.

The NSMHA works closely with all of its contractors to help identify and support areas of greatest need for the homeless and those in need of housing. In 2002, the NSMHA conducted studies on both homelessness and housing. A result of this work is a focus on developing more independent housing and high intensity treatment (such as PACT) across the Region. The NSMHA requires an annual report on housing options being used by the consumers it funds.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive

to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMSHA Guidelines for Cultural Competence.")

Please see the individual plans from Compass Health and WCPC for a complete description of their program demographics and plans to meet the population differences encountered by each team. The NSMHA has supported the development of a multi-cultural counseling program at Compass Health and sub-contracts with a mental health provider that specializes in working with Spanish-speaking people. It is NSMHA's contractual requirement that, when a team and/or agency are unable to provide adequate consultation regarding a cultural, racial, gender, language or age issue through agency staff, the team will seek appropriate outside consultation services.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

Please see the Intended Use Plans from Compass Health and WCPC for specific descriptions of how each agency involves the homeless in the development of its plan on its staff and its advisory board.

The NSMHA has an Advisory Board that is comprised of at least 51% mental health consumers and family members. The Advisory Board reviews each contract before it is approved. Members of the Advisory Board are very interested in issues of people with mental illness that are homeless.

Washington State PATH Application 2006 North Sound Regional Support Network

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$110,993.00	\$56,190.00			\$167,183.00
b. Fringe Benefits	\$28,532.00	\$14,412.00			\$42,944.00
c. Travel	\$5,999.00	\$2,124.00			\$8,123.00
d. Equipment (Palm Pilots)	\$500.00	\$85.00			\$585.00
e. Supplies	\$2,310.00	\$790.00			\$3,100.00
f. Contractual	\$14,444.00	\$3,703.00			\$18,147.00
g. Construction	\$0.00	\$0.00			\$0.00
h. Other - Data Agreement with NWRA	\$15,718.00	\$5,913.00			\$21,631.00
i. Total Direct Charges (sum of 6a - 6h)	\$178,496.00	\$83,217.00			\$261,713.00
j. Indirect Charges	\$7,201.00	\$3,348.00			\$0.00
k. TOTAL (sum of 6i and 6j)	\$185,697.00	\$86,565.00			\$261,713.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				(e) Fourth
	(b) First	(c) Second	(d) Third		
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

NORTH SOUND MENTAL HEALTH ADMINISTRATION BUDGET NARRATIVE

Budget Narrative – Award period: October 31, 2006 – September 30, 2007

		<u>PATH Sub-Total</u>	<u>Total</u>
Personnel			
Outreach Clinician -Mental Illness		\$110,993	
	TOTAL PERSONNEL		\$110,993
Fringe Benefits		\$28,532	
	TOTAL FRINGE BENEFITS		\$28,532
Travel			
Local travel for Outreach team member		\$5,999	
	TOTAL TRAVEL		\$5,999
Contractual		\$14,444	
	TOTAL CONTRACTUAL		\$14,444
Equipment			
Data Collection equipment (<i>proposal requirement</i>)		\$ 500	
	TOTAL EQUIPMENT		\$500
Supplies		\$2,310	
	TOTAL SUPPLIES		\$ 2,310
Other		\$15,718	
	TOTAL OTHER		\$15,718
	TOTAL DIRECT CHARGES		\$178,496
Indirect Costs		\$7,201	
TOTAL INDIRECT COSTS			\$7,201
TOTAL PATH GRANT COSTS			\$185,697

Section C: Local Provider Intended Use Plans

North Sound RSN - Compass Health

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The contractor will be North Sound Mental Health Administration, described in the information preceding this section of the Washington PATH annual application. North Sound MHA sub-contracts PATH services to two state licensed mental health agencies. Compass Health is one of those agencies.

Compass Health is a non-profit organization dedicated to providing a full continuum of outpatient and inpatient behavioral health care for individuals of all ages and families in Snohomish, Skagit, Island and San Juan Counties. Compass Health traces its roots back more than 100 years, beginning as an orphanage in 1901. Today, it is one of the largest behavioral health care organizations in Washington. Compass Health is dedicated to helping those in our community who are most vulnerable attain or retain optimal mental health.

Compass Health served nearly 14,500 clients in fiscal year 2004/05 and provided more than 900,000 hours of service in short- and long-term behavioral health, crisis care, and preventive mental health care. Clients served include children, youth, adults and older adults.

2. Indicate the amount of federal PATH funds the organization will receive.

Base Funding: \$128,753
Palm Contract: 10,891
Palm Equipment 250

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - a. the projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

A total of 500 clients will receive outreach services. Of these, approximately 125 are predicted to need mental health services and be PATH enrolled.

Of those PATH clients served within the past year, 55% indicated they were homeless (living outdoors or in short term shelters) and 45% indicated they were at risk of homelessness (living in someone's home, living in long-term shelters). We predict that we will experience a similar break-out in the coming year.

- b. List services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

In FY 2006, Compass Health will provide the following services:

- Outreach – Over the past year, Compass Health restructured its PATH program adding outreach clinicians to work in the outlying areas of South, East and North Snohomish County. This revised structure requires outreach workers to maintain contact with those who serve the populations throughout the county in an effort to increase referrals. In addition, outreach clinicians regularly conduct outreach to the streets, food banks, shelters, and other places where homeless individuals may be found.
- Screening and diagnostic treatment - Screening and diagnostic impressions occur as outreach workers engage the client. Once the client is engaged, a comprehensive strengths-based screening and diagnostic assessment, including a five-axial diagnosis that includes client voice, is completed to assess the client's life domains.
- Habilitation and rehabilitation - Compass Health provides primary mental health habilitation and rehabilitation services. Compass Health staff members refer clients to Vocational Rehabilitation and the State Department of Developmental Disabilities for additional services, as appropriate.
- Community Mental Health - Compass Health provides services including individual counseling, psychiatric evaluations, and medication management for PATH clients. The program provides clients with a full range of mental health services: Clinicians provide case management that also includes teaching skills needed to manage symptoms; psychiatrists and registered nurse practitioners provide prescribing services for medications; registered nurses are available for administering medications as needed and educating clients about their medicines (i.e. side effects). Compass's collaboration with a pharmacy that is on-site in Everett helps eliminate the barrier of finding a pharmacy to fill prescriptions.
- Staff training - Compass Health provides training for agency staff as well as partner agencies that refer clients to Compass Health. Program staff is most often asked about engagement strategies by other systems, resources, and about the day-to-day struggles of being mentally ill and homeless. Compass Health also participates as a founding member of the Snohomish County Housing Policy Task Force that provides community education regarding many aspects of housing and homelessness in Snohomish County. In fact, Compass has several representatives, including those from the PATH program, who are working on "Everyone at Home Now", the federally-mandated 10-year plan designed to end homelessness in Snohomish County by the year 2016.
- Case Management Services - including the following:
 - Preparing in conjunction with the client and family members (or supportive community members as the client allows), an individualized treatment plan for mental health services. The treatment plan is reviewed every 90 days.

- Assistance in obtaining needed supportive services, including: participation in socialization groups, housing and income assistance, job training, residential support and services, protected payee services, and assistance with travel.
- Assistance in obtaining income support services, including: housing assistance, food stamps, and state and/or supplemental security income benefits, including obtaining Medicaid benefits, which will be essential for individuals to receive ongoing mental health services.
- Referral to other needed services such as chemical dependency treatment, Vocational Rehabilitation, Department of Developmental Disabilities, and primary health services.
- - Supportive and supervisory services in residential settings –
Compass Health provides several levels of residential housing with varying levels of support and supervision to match the target populations for each. For example, when clients require the support of a residential program such as an ARRC, Boarding Home or Adult Family Home, clinicians work with them to find, gain admission to and then thrive in this environment, either through one of our own transitional or permanent housing options or through those of collaborators, such as the local housing authorities. The Housing clinicians meet with clients to assist them in accessing housing services. Compass assists clients with applications to a variety of programs such as: Shelter Plus Care, Section 8, and agency supportive and independent housing units. Once a client in the PATH program acquires permanent housing, clinicians also help him or her follow-through with any ongoing requirements for these programs.
- Referrals for primary health services, job training, education services and relevant housing services –
Compass Health has a strong relationship with the Community Health Centers that provide primary health services for most of the clients served in the PATH project. Compass Health also has strong relationships with the Everett and Edmonds Community Colleges and their basic education programs, as well as other specialty programs designed to meet particular needs. Compass Health Employment Services program provides support for job readiness and works closely with DVR to provide comprehensive job training services for clients with mental illness. Compass Health provides permanent housing for individuals with mental illness through its housing program that owns and manages 180 units. In addition, strong collaborative relations with the local housing authorities and other housing providers have allowed Compass Health to manage many more voucher and Shelter Plus programs. Housing Services include:
 - Planning of housing
 - Costs associated with matching eligible homeless individuals with appropriate housing situations
 - Technical assistance in applying for housing assistance
 - Improving the coordination of housing services

- c. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

The Case Managers and the PATH Program Manager provide outreach to clients throughout Snohomish County through collaboration with the following:

- Community Health Centers - located throughout Snohomish County, provide services for many PATH clients
- Local shelters throughout the county (including the Union Gospel Mission – Men's and Women's Shelters, Battered Women's Shelter, Pathways for Women, Monroe Gospel Women's Mission and Volunteers of America) that provide short and long-term shelter for individuals in the county.
- Jails and correctional institutions, including city, county and state jails and prisons, often detain individuals who are homeless and mentally ill and then refer them for PATH services.
- Parole officers make referrals to the PATH program so that clinicians can assist in getting individuals off the streets and into treatment.
- Food bank staff make referrals and clinicians work with them to utilize commodities as much as possible.
- Hospital Emergency Rooms and EMT personnel make referrals to the PATH Program
- Police, Sheriff, and Fire Department make referrals to the PATH Program
- DeTox centers and chemical dependency treatment providers make referrals to the PATH Program, co-lead groups with Compass clinicians, and receive referrals from the PATH Program.
- Referrals from other homeless individuals helping people they meet on the streets to get services.
- Clinician outreach from other Compass Health clinicians and case managers.

- d. Gaps in current service systems;

The largest gap in the current service system is the lack of available low-income housing throughout Snohomish County and the rest of the state. According to estimates gathered during the Snohomish County Point in Time Homeless Count (conducted in January 2005), there are at least 2,500 literally homeless individuals residing throughout the county. Of those, approximately 660 are veterans. In addition, the homeless prevention turn away incidents reported by Snohomish County (per Snohomish County ESAP data) increased from 14,669 individuals in 2003 to over 28,000 in 2005.

In an effort to combat this deficiency, Compass currently owns and manages 180 housing units. In addition, the agency recently acquired the Queen Anne House, located in downtown Everett, which will provide another four dwellings when renovated. The Compass Housing Department assists clients in applying for Section 8 and Shelter Plus subsidies. In the past year, Compass received an additional 20 Shelter Plus subsidies

making the organization eligible for 155 vouchers. Unfortunately, however, secondary to county cuts, the agency lost those vouchers and an additional ten more and now have only 125 vouchers available to the agency's clients. This situation is further complicated by the fact that Compass no longer has exclusive access to the 115 Section 8 vouchers that it once had control of, leading to less accessibility to agency clients.

Compass Health continues, in collaboration with other organizations, to seek new opportunities to develop housing options for individuals with mental illnesses. Compass staff have taken a leadership role in 2006's Point In Time Count and on the Snohomish County Homeless Policy Taskforce, which just completed its final draft of "Everyone at Home Now", a ten-year plan to end homelessness in the county. This plan proposes three initiatives, which the Taskforce describes as "a critical foundation for increasing our community's social and economic health", including:

- Increased efforts to prevent homelessness in Snohomish County
- Maintain existing services that effectively support homeless individuals and families to regain and maintain permanent housing
- Develop an additional 2,500 units of affordable housing and the necessary support services for homeless individuals and families to maintain housing permanently.

Compass Health is taking a further leading role in obtaining these goals by actively seeking out Safe Haven housing options and advocating for government officials to enforce safe housing standards.

Another gap for our community is the scarcity of services available to people who are not Medicaid eligible individuals for ongoing mental health and health care. This gap continues to widen due to agreements between CMS and the state MHD regarding the waiver to provide Medicaid mental health services in the State of Washington. At this date, providers in the North Sound Mental Health Administration are only able to provide crisis services to individuals without Medicaid benefits. Since July 2004, an individual is not eligible for ongoing services unless he or she actually has Medicaid, making the PATH grant even more important as a way to outreach and case manage many needy individuals to the point of eligibility for services. Without the presence of the PATH Program and its services, the community would be hard pressed to find appropriate mental health services for those who do not qualify for Medicaid, or for those for whom the eligibility process takes a very long time.

In addition, Compass's budget for outpatient services is affected by increases in hospitalization costs, as money is withheld each month from outpatient payment if hospitalization costs exceed budgeted costs. With the rising cost of hospitalization, this trend is likely to continue resulting in less funding for crucial outpatient services designed to prevent hospitalization resulting in a negative spiral of increased hospital costs and decreased services to prevent hospitalization.

- e. Services available for clients who have both a serious mental illness and substance use disorder;

The PATH Program has strong linkages with local chemical dependency treatment providers, including Detox services. Compass Health provides services to those clients who have chemical dependency issues via referral and co-led services. The PATH Program refers to several county designated chemical dependency treatment providers depending on the area of the county where the consumer is located. Compass Health provides "Surviving Sober" and MICA/Sober support groups in our outlying offices.

- f. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Compass Health's agency Housing Clinician meets with clients to assist them in accessing housing services. Clinicians assist with applications to a variety of programs such as Shelter Plus Care, Section 8, and agency supportive and independent housing units. Compass Health has 125 Shelter Plus Care subsidies, 180 independent housing units, many of which receive other HUD supports, and 44 beds in supervised residential facilities providing transitional housing. Compass carefully matches clients with appropriate housing whether that is a stand-alone unit or shared housing.

The agency's linkages with Home and Community Services and with other housing providers make it more likely to find that good fit for PATH clients. Clinicians also help the client follow-through with any ongoing requirements for these programs. Compass Health continues to seek opportunities to develop housing options for individuals with mental illness both within Compass and in collaboration with other housing organizations.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Compass Health participates actively in the HUD Continuum of Care program in Snohomish County, serving on the steering group, subcommittees and the taskforce itself, called the Snohomish County Homeless Policy Task Force. Compass is involved in assessment activities and Continuum Plan creation with other housing providers in the community. Compass Health provided leadership for the Point in Time count this year. Under the auspices of the Continuum of Care, Compass Health has received funding for and developed many housing projects with a variety of funding mechanisms, including HUD 202 and McKinney funds, State Housing Trust Funds, and Low Income Housing Tax Credits. Staff have also worked with advocates, housing staff, county and housing authority staff to prioritize housing for individuals with mental illness in the Continuum of Care program. This commitment continues to be strong and is an asset to the community.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

According to the 2005 census, the total Snohomish County population is 655,800. The difficulties of counting the homeless population include the large rural areas that make up

much of Snohomish County, and the lack of visibility among homeless individuals in those areas. While many believe that the homeless population gravitates to the urban area of Everett where more services are located, this has not been empirically proven. PATH clinicians conduct outreach throughout the county, finding homeless mentally ill individuals both in the city and in outlying areas.

The homeless population in Snohomish County is estimated at 2,500 based on an amended January 2005 one-night count. While the most recent one-night count information isn't yet available, and the final numbers for shelter information are not finalized, initial information shows that at least 18,843 people were turned away from area shelters – up 18.6 percent from 2003. In addition to these figures, each month on average, 238 new homeless clients receive shelter in Snohomish County.

The State MHD, in its 2003 prevalence report "The Prevalence of Serious Mental Illness in Washington State", established a range of prevalence rates that indicates that Snohomish County has between 599 to 858 homeless mentally ill individuals. These estimates almost certainly have increased, as the federally required one-night counts are conducted regularly and the counting process is improved.

Of the 1,425 new individuals during the first half of this year who were provided shelter and reported reasons for their homelessness in the county report, 30 percent had mental health issues or chronic mental illness. The Snohomish County Consolidated Plan for 2000-2004 estimates there is an unmet need for 126 beds for homeless individuals with chronic persistent mental illness. Compass Health maintains a wait list for housing it has developed for Compass Health consumers, and currently this wait list exceeds 150.

PATH staff are committed to serving clients of diverse cultures including ethnic populations, sexual minorities, older adults and clients with disabilities (developmental and physical including Traumatic Brain Injury) with services that are culturally sensitive and competent.

Specialist consultations are acquired by PATH staff at key junctures in treatment to ensure the quality of care. Compass Health has geriatric specialists, DD/TBI specialists and ethnic minority specialists who are all available to provide consultation to PATH staff. Compass also has a list of outside consultants that provide additional expert consultation.

PATH staff is able to access other agency staff speaking over 13 languages and outside interpreters are also used, as needed, to meet clients' needs. Furthermore, Compass Health staff actively participates in both state and regional meetings regarding the development of clinical standards for working with gay, lesbian, bisexual and transgendered (GLBT) populations.

All Compass Health staff attend required trainings on diversity with a focus on providing a work place and treatment conditions that are inclusive and sensitive to people of difference ages, races and backgrounds. In fact, all new clinical hires receive initial training regarding diversity within the first 30 days of employment. A second optional diversity training is available to all employees several times throughout the year as well.

Seventy-four percent of the PATH clients treated to date fall between 18 and 49. Six percent were non-white, but 8% were unable or unwilling to indicate their ethnicity. Compass works to match clients with case managers with whom they are comfortable and can build a trusting rapport.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

The PATH program is reviewed annually by the Snohomish County Mental Health Advisory Board, which is comprised of consumers, advocates, and family members of mental health consumers. The NSMHA Advisory Council will also provide oversight for this project and more than 51% of the membership of that group is comprised of consumers and advocates.

Compass Health has a Quality Management Advisory Committee (QMAC) that is made up of consumers, advocates and staff (more than 50% consumers and advocates). This group analyzes information, receives education and advises the Compass Health Quality Committee (made up of the executive management of the organization) regarding programs and quality improvement activities. In addition, consumers serve on the volunteer Board of Directors for Compass Health.

The PATH program manager holds quarterly meetings with PATH clients to assess the program regarding its successes and opportunities for improvement.

**Washington State PATH Application 2006
North Sound – Compass Health**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		\$83,824.00	\$28,500.00			\$112,324.00
b. Fringe Benefits		\$21,740.00	\$7,392.00			\$29,132.00
c. Travel		\$5,099.00	\$1,734.00			\$6,833.00
d. Equipment		\$250.00	\$85.00			\$335.00
e. Supplies		\$1,000.00	\$340.00			\$1,340.00
f. Contractual		\$10,891.00	\$3,660.00			\$14,551.00
g. Construction						\$0.00
h. Other		\$11,656.00	\$3,963.00			\$15,619.00
i. Total Direct Charges (sum of 6a - 6h)		\$134,460.00	\$45,674.00			\$180,134.00
j. Indirect Charges		\$5,434.00	\$1,890.00			\$7,324.00
k. TOTAL (sum of 6i and 6j)		\$139,894.00	\$47,564.00			\$187,458.00
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				(e) Fourth
	(b) First	(c) Second	(d) Third		
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:					
22. Indirect Charges:					
23. Remarks					

**COMPASS HEALTH
PATH GRANT BUDGET NARRATIVE 2006-2007**

PERSONNEL

Area Director at 10 Hours per week providing direct administrative support for the program.

Manager at 20 hours per week. This position is a working supervisor, who provides the services described for the case manager position, provides diagnosis and screening services and provides clinical supervision for all positions (with the exception of the housing coordinator).

Housing Coordinator at 4.5 hours per week. This position assists clients to access, obtain and retain housing that includes completing necessary applications, subsidies, linking with a compatible roommate, finding a housing unit and maintaining tenure in the community.

Case Managers at 76.0 hours per week. These are Clinician I positions which perform the engagement, outreach and ongoing mental health treatment for individuals who are eligible for service under this grant. They provide ongoing supportive services such as obtaining entitlements, residential support and all referral services.

Program Assistant at 10 hours per week. This position provides office support including answering telephones and processing paperwork.

Match includes supervision of manager, and additional clerical and office support.

FRINGE BENEFITS

Fringe benefits include payroll taxes (FICA, Industrial Insurance, State Unemployment) and employee benefits (Pension/Retirement, Life and LTD coverage, and Other Employee Benefits). Fringe benefits amount to approximately 26% of salaries and wages paid.

Match includes additional dollars for employee taxes and benefits.

TRAVEL

Travel expense consists of reimbursement to employees for mileage driven, at the current IRS rate per mile. This includes mileage to state sponsored meetings and training events.

Match to include additional required travel for outreach and training.

EQUIPMENT

Equipment expense consists of a share of rental for office equipment (photocopier), repairs of equipment used in the program, depreciation on program equipment, and the cost of non-capital acquisitions of equipment items used in the program. It also includes replacement of Palm Pilots.

SUPPLIES

Purchase of general offices supplies such as pens paper, files etc.

CONTRACTUAL

Includes the Compass Health amount to be contracted to Northwest Associates by the State to manage Palm Pilot data collection and analysis.

CONSTRUCTION

There is no construction expense.

OTHER

Other in the amount of \$6,131 : Professional liability insurance \$949; building depreciation \$1,210; general insurance \$244; Client medications \$3,013; utilities \$109.

INDIRECT CHARGES

Indirect charges consist of the allocable share of the cost of other departments, which support the operations of the program, including administration, communications, facilities, payroll, human resources, accounting, etc that are not to exceed grant limits.

GRANT VERSUS MATCH

The above expenses will be funded by a combination of grant and match in the proportions indicated on Section B of form SF424. The match funds are provided by unrestricted contributions.

Section C: Local Provider Intended Use Plans

North Sound RSN- Whatcom Counseling

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The North Sound Mental Health Administration (NSMHA) will contract with the Mental Health Division of Washington State for this PATH Program, and will subcontract with Whatcom Counseling and Psychiatric Clinic (WCPC) to provide the direct PATH Services.

One provider organization that will receive PATH funds is Whatcom Counseling and Psychiatric Clinic (WCPC), located in Bellingham in Whatcom County. WCPC is a not-for-profit 501 C (3) organization, licensed by the state of Washington as a community mental health facility. It has been in operation since 1958. The agency contracts with NSMHA, along with numerous other public and private partners, customers, and clients.

WCPC provides a full spectrum of outpatient mental health services, including street outreach and engagement to homeless people with mental illness and co-occurring disorders, a clubhouse model drop-in center (Rainbow Center), case management, therapy, psychiatric services, and a 24 hour emergency services program (including County-Designated Mental Health Professionals). WCPC has one hundred two (102) employees (78 FTE) and provided approximately 21,000 hours of service in fiscal year 2005.

Whatcom County is at the Northwest corner of Washington State on the I-5 corridor, with five (5) border crossings into Canada. Total population in the county is approximately 180,000 individuals. The City of Bellingham is the county seat, with a city population of approximately 70,000 people. In 2003 the City of Bellingham estimated in its *Ten (10) Year Plan to End Homelessness* that there are approximately 1,100 homeless individuals in the county at any given time, and that approximately 20% of those people are chronically homeless. The report further estimated that there are approximately 220 people living on the streets or in temporary shelters on any given night, and that approximately 110 have mental illness and/or chemical dependency.

In January 2005, Whatcom County conducted its annual Point-In Time Homelessness Count, which resulted in identifying 839 homeless people. At the end of January 2006, the County of Whatcom again conducted its annual homeless census. The preliminary result of that count identified 1,225 homeless people. WCPC participated in that study, and plan to incorporate the results in our ongoing street outreach and engagement efforts.

Rainbow Center, a Department of WCPC, is a unique drop-in center clubhouse located near the bus station in downtown Bellingham. WCPC bases its current street outreach efforts at the Rainbow Center, and it has an active peer counselor outreach program to people living on the streets and in the jails. PATH funds allow a significant expansion of the amount and professional involvement in outreach services. The Rainbow Center is well known throughout the community, and it attracts a substantial number of homeless

individuals who have mental illness and/or co-occurring disorders. The Center has had exceptional support and involvement from advocates and consumers since its inception in 1997, as well as strong support from local government and the United Way. Currently, the Rainbow Center serves an average of 86 mental health consumers a day.

The service area for this project is Whatcom County, Washington.

2. Indicate the amount of federal PATH funds the organization will receive.

NSMHA and WCPC are anticipating receipt of \$45,803 annually in PATH funds.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. the projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

WCPC plans to provide outreach, screening, and engagement services to 100 homeless clients with PATH funds during Fiscal Year 2006. Of that total number, approximately 65 clients will be PATH enrolled. We project that 80% of the total number of PATH clients will be "literally homeless". These projections are based on the experience of WCPC in providing outreach and engagement services on the streets and shelters of Bellingham and Whatcom County during the past two years. In April 2005, the PATH Project was established at WCPC, and by September 30, 2005, the Project had screened and outreached 50 homeless persons, of whom 37 were enrolled as PATH clients.

- b. List services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

WCPC anticipates providing the following services with the PATH funds:

- ◆ Outreach and engagement services
- ◆ Screening and diagnostic treatment services
- ◆ Mental health services
- ◆ Substance abuse services
- ◆ Case management services
- ◆ Referrals for primary health services
- ◆ Housing services: specifically improving the coordination of housing services, and costs associated with matching eligible homeless individuals with appropriate housing situations.

WCPC plans to hire a 0.75 FTE (three-quarter time) clinician to provide these services through the use of PATH funds.

Outreach and Engagement Services

The PATH clinician will conduct outreach activities to identify and engage literally homeless individuals with mental illness and/or co-occurring disorders. This clinician will act as part of a team of clinicians, who currently provide outreach and engagement for those with primarily substance abuse disorders through a contract with Whatcom County Substance Abuse Program.

The county contract, referenced in item 2, focuses upon getting homeless and other people with primary substance abuse disorders into CD treatment, as well as making referrals for those who also require mental health services. PATH funds will allow WCPC to expand its current outreach and engagement efforts to include those with mental illness as the primary behavioral health condition.

Screening and diagnostic treatment services

Outreach clinicians conduct brief screening procedures with homeless individuals in order to identify the presence, severity, and acuity of mental illness or other disorders. As indicated, the outreach clinician will focus his/her engagement and referral efforts to facilitate an individual's rapid entry into the most appropriate service.

Mental Health Services

Recent rule interpretations by the federal CMS have resulted in the necessity to limit ongoing mental health service delivery to those who have Medicaid benefits. Once an individual has obtained Medicaid benefits successfully, program staff will facilitate rapid entry into necessary ongoing services. However in situations wherein someone is ineligible for Medicaid, the PATH-funded clinician will focus his/her efforts upon helping those individuals to obtain primary health and other indicated services (for example, housing services).

Substance Abuse Services

Through matching funds from Whatcom County, Rainbow Center staff already provides outreach, screening and related services to homeless people who have substance disorders. The PATH worker will screen for presence of mental illness and co-occurring substance disorders and will provide short-term interventions to clients who need substance abuse treatment services. People with need for ongoing services will be referred to agencies with focused treatment services.

Case Management Services

These services focus upon helping homeless people apply for and obtain public assistance, Medicaid and other potential benefits in order to become eligible for ongoing mental health services. Once a homeless person obtains Medicaid benefits, PATH services will focus on facilitating intake appointments and entry into ongoing mental health or CD treatment.

Referrals for Primary Health Services

People without housing often have other health conditions that require primary health intervention. PATH funds will enable program staff to help individuals to access appropriate medical care from primary care physicians. The local Community Health Clinics (Interfaith

and Sea Mar) will be the primary access points in Whatcom County for homeless individuals requiring primary health care.

Housing Services

Program staff will work to assist identified individuals to enter the continuum of housing services in Whatcom County, including motel voucher programs, emergency shelters, and transitional housing programs. These supports are limited locally, so the results of WCPC efforts will be reported to the local planning groups, which attempt to assess housing needs and develop funds for program expansion into newly identified areas of need.

- c. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.

The PATH project staff will interact and coordinate with a wide variety of primary health, mental health, substance abuse, and housing services within Whatcom County.

- ♦ St. Joseph's Hospital: In addition to being a source of referrals for people who fit PATH service criteria, the hospital also will be utilized for emergency and inpatient primary health, mental health, and substance abuse services.
- ♦ Community Health Centers: Interfaith CHC and Sea Mar CHC will be major referral sources for persons needing PATH-funded outreach and engagement services. Both CHC's also will be used for outpatient primary health, mental health and dental services. Sea Mar also has a substance abuse treatment program.
- ♦ Community Mental Health Centers: The two largest providers of mental health services in Whatcom County are Whatcom Counseling and Psychiatric Clinic and Lake Whatcom Residential and Treatment Center. These two agencies will be the primary referral sources for outpatient services for those persons who are able to become Medicaid consumers.
- ♦ Emergency Mental Health Services: WCPC provides 24-hour emergency mental health services as part of the Associated Provider Network's Integrated Crisis Response System. These services include voluntary as well as involuntary mental health services through a team of crisis professionals, including Designated Mental Health Professionals (DMHP's). The PATH-funded clinician will coordinate outreach and engagement service with the Emergency Team as part of the "backdoor" efforts to facilitate engagement into ongoing services after crisis episodes. In the fall of 2006, WCPC anticipates co-locating the Emergency Services Team at the planned Low Risk Offender Jail as part of the new Whatcom County Triage Center. WCPC anticipates a close coordination between the outreach and engagement team and the Triage Center, engaging people prior to their release from the Triage Center and facilitating entry into ongoing services as required.
- ♦ Substance Abuse Treatment Services: There is a continuum of substance abuse services in Whatcom County with which the PATH-funded clinician will collaborate. The WCPC Emergency Services Team provides emergency services, in coordination with the St. Joseph's Hospital Emergency Department and Pioneer Human Services' Social Detox Center. Inpatient services are coordinated with the

ADATSA Assessment Provider at Westcoast Counseling & Treatment and with the Adult Drug Court as part of Whatcom County Superior Court. Outpatient services are provided primarily by Westcoast Counseling & Treatment, St. Joseph's Hospital Recovery Center, Catholic Community Services Recovery Center, and Sea Mar Clinic Recovery Center.

- ♦ Housing Services: A wide variety of organizations provide a continuum of housing services to homeless people in Whatcom County. An emergency Crisis Respite House is offered by WCPC Emergency Services. Pioneer Human Services offers the Social Detox Center. Emergency Shelter services (including motel vouchers) are available through Old Town Christian Ministries and the Lighthouse Mission. Safe Transitional Housing is provided by Sun Community Services Gladstone House, Lydia Place, Dorothy Place, and the Opportunity Council. Limited access to affordable permanent housing is available with Section 8 vouchers, Shelter Plus Care, and other subsidized rental arrangements through the Bellingham/Whatcom County Housing Authority, WCPC Supported Living Program, Lake Whatcom Residential and Treatment Center, the Opportunity Council's Housing First program, Interfaith Housing Program, and others.

- d. Gaps in the current service system [Indicate what your RSN/agency will do to address them, what you will expect of other key service providers.]

Historically outreach and engagement service efforts in the county have focused primarily upon engaging those with primary substance abuse disorders into substance abuse treatment. There is a gap in this county regarding outreach and engagement services for those with primary mental illness. WCPC proposes to continue to use PATH funds to expand our outreach and engagement service efforts and to focus such expansion primarily upon engaging those with mental illness into necessary mental health treatment and other services.

Another large gap is the scarcity of services available to people who are not eligible for Medicaid and aren't able to access ongoing mental health and health care. This gap likely will widen with recent and stricter interpretations of federal Medicaid rules by the Center for Medicaid and Medicare Services. It appears that mental health centers in the North Sound Region will be limited to providing crisis services to individuals without Medicaid benefits unless there is major new funding from the State of Washington, which is not anticipated. Ongoing mental health services are not available at community mental health centers until an individual actually has Medicaid.

This makes the PATH grant even more important as a way to provide outreach and case manage services to many needy individuals until they are qualified for Medicaid funded services. For those who do not qualify for Medicaid or for those whom the eligibility process takes a very long time, we will continue to provide supportive services and explore other funding sources to meet their ongoing needs.

Homeless people living in Whatcom County, primarily in Bellingham, are fortunate to have a wide variety of free meal programs available to them on a daily basis. Rainbow Center serves free breakfast and lunch to mentally ill adults four days per week. Food programs

such as Maple Alley Inn, Soup's On Kitchen, Salt-On-The-Street, CAST, and several others serve meals to homeless persons at various times that cover every day of the week.

The biggest gaps in our County service system are in the area of outreach and engagement services for the seriously mentally ill homeless persons, affordable housing for mentally ill and co-occurring persons, and the coordination of shelter/housing for homeless persons.

Over the past two years WCPC, in collaboration with the Whatcom County Health Department and the City of Bellingham, has developed a strong outreach and engagement program for homeless adults with co-occurring mental illness and substance use disorders. There is, however, a gap in services for the most serious mentally ill literally homeless people in Whatcom County. Many times these people are too paranoid or frightened to allow real engagement in the time our present outreach worker has to offer them. Because they may not have debilitating substance abuse issues, they do not fit the profile of the clients that program is designed to reach. This group needs sensitive, long-term engagement in order to get them to the place where they can utilize the treatment and housing services available in our system.

There are several transitional housing programs for women and women with children such as Dorothy Place (21 unit facility for single women and women with children who are victims of domestic violence), Lydia Place (for homeless families), Agape House (a program of the Lighthouse Mission for homeless women and women with children), the YWCA (36 bed facility for women), as well as a small facility for women in Lynden, WA.

The Lighthouse Mission of Bellingham offers the only "shelter" type of housing to homeless men. It is, however, not a true shelter because many men are not eligible due to mental illness or serious substance abuse problems. Therefore, Whatcom County has a gap in shelter housing for men and has considerably fewer shelter options for women than the homeless population requires.

WCPC, in collaboration with Sun Community Services, has developed an innovative transitional bed facility called Gladstone House. It is a five-bed facility that houses both homeless mentally ill men and women. Three half-time Peer Support Counselors (recovering mental health consumers) that have been trained by Rainbow Center's Peer Support Program spend about 50 hours per week at the house teaching skills of daily living and another 10 hours per week providing case management services to the residents. The intent is to offer between three and six months of transitional housing, life skills training and case management services as a way of getting homeless mentally ill adults into on-going mental health services and permanent housing. A major gap in services in Whatcom County is that there is not more of this type of transitional housing.

An additional problem confronting all of Whatcom County is that there is very little affordable permanent housing for those with low incomes.

- e. Services available for clients who have both a serious mental illness and substance use disorder

Whatcom Counseling provides case management and therapy to clients who have co-occurring disorders. This often involves coordination of services with drug and alcohol services providers including Sea Mar, St Joseph's Hospital, Catholic Community Services, and West Coast Counseling. We also work closely with Pioneer Human Services through their Social Detox program, which is located in the same facility as the WCPC Crisis Respite program.

Our Crisis Respite program regularly provides crisis stabilization to clients with co-occurring disorders. Additionally we provide Crisis Services 24 hours a day to anyone within the county who is experiencing a crisis. This often involves clients who are using drugs and so requires coordination with and referrals to chemical dependency treatment providers. We also have regular consultation with a Chemical Dependency Specialist.

- f. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

WCPC will coordinate with the available housing providers in Whatcom County in attempts to arrange suitable housing for PATH-funded homeless people with mental illness and co-occurring disorders. Emergency shelter care and motel vouchers will be accessed through Old Town Christian Ministries and WCPC, with referral to the Lighthouse Mission.

Transitional housing will be accessed through Sun Community Services Gladstone House, Dorothy Place, Lydia Place, and Interfaith Housing program. Subsidized rentals for permanent housing will be accessed as available through WCPC and Lake Whatcom Residential & Treatment Center. WCPC also will encourage PATH-funded clients to apply for Bellingham/Whatcom County Housing Authority Section 8 and Shelter Plus care as available.

- 4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Many different provider groups comprise the local Continuum of Care program. An array of local services is designed to facilitate the process from homelessness to permanent housing. WCPC historically has played a significant role in this continuum, through our existing outreach and engagement efforts and the Rainbow Center, as well as our supportive and subsidized housing programs.

As a PATH provider of outreach and engagement services for the homeless with mental illness and/or co-occurring disorders, WCPC coordinates with the various providers in the Continuum of Care program. Street outreach providers typically provide motel vouchers under certain circumstances, including WCPC and Old Town Christian Ministries. Shelters are operated by the Mission, Sun Community Services, and The Gladstone House programs, as well as WCPC through its Crisis Respite House Program. Transitional

housing programs are operated by the Opportunity Council, Dorothy Place, Lydia Place, Northwest Youth Services, and Interfaith Coalition. WCPC and Lake Whatcom Center provide permanent housing for those with mental illness with Section 8, Shelter Plus, and the County's Supportive Living Grant sources. Opportunity Council provides permanent housing assistance, including a new program designed according to the Housing First model. All these providers coordinate with the City of Bellingham, Whatcom County Health Department, and the Bellingham/Whatcom County Housing Authority to form the nucleus of the local Continuum of Care program.

Also, the Rainbow Center Director, as a representative of WCPC, has been an active member of the Whatcom County Coalition for the Homeless. The Coalition is a consortium of public and private agencies and non-profits that collaborate to create a system of housing and services, with the ultimate goal of moving homeless families and individuals to permanent housing and self-sufficiency.

WCPC staff serves on the Coalition's Steering Committee. The Executive Director and the Housing Coordinator of WCPC attend meetings of the Coalition when issues that related most closely to their work are discussed. Since 1996 this Coalition has worked together to guide them in their work toward ending homelessness in Whatcom County. In 2003, a group of housing and service providers, under the umbrella of the Homeless Coalition, worked with a consultant to develop a Ten Year Plan to End Chronic Homelessness in Whatcom County and to update the Whatcom County Continuum of Care Strategic Plan.

In addition to WCPC's involvement in the Homeless Coalition, the Executive Director is a member of the Whatcom County Housing for Low-Income People Advisory Board. This citizen group advises the County on planning for housing services, including assistance in evaluating proposals for emergency shelters and transitional housing services from various community organizations.

5. Describe the demographics of the proposed service area. Describe how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients. Indicate the extent to which staff (a) are representative of the racial/ethnic diversity of the clients, and (b) receive periodic training in cultural competence.

Homeless people in Whatcom County represent a cross-section of ethnicities that is similar to the main population throughout the county. Caucasians are the predominant group. Many homeless people are Native American, not limited to the Lummi Nation and the Nooksack Nation, which are located in Whatcom County. There are a substantial number of Hispanic people represented in the homeless population in this county. There are also a small but growing number of Eastern European (Russian and Ukrainian) individuals.

Many homeless people with mental illness and co-occurring disorders congregate near downtown Bellingham, specifically near the downtown bus station and the nearby Rainbow Center. On average, the Rainbow Center reports serving approximately 30-35 Native Americans who report being homeless, and from 25-30 Hispanic people every day.

Sea Mar and Interfaith Community Health Clinics act as the primary healthcare providers for the homeless in this community. WCPC works in coordination with these health clinics for cross-referral and service purposes.

We have Minority Mental Health Specialists at WCPC for the following populations: Asian-Pacific Islander, African-American, and Native American. We also have a contract with a Hispanic specialist at Sea Mar Clinic. In addition to our regular consultations after intake, our specialists also provide consultation as needed to our clinicians. We conduct annual training in Cultural Competency for the entire staff and the clinicians must complete training in Cultural Competency as part of their orientation.

The PATH Project staff, as well as all our outreach and engagement staff, is part of the WCPC "Outpatient Services Dept.". The Cultural Competency trainings, and the services of the Minority Specialist Consultants, are available to the outreach and engagement program staff on case-specific request bases. Also the specialists will meet periodically with our outreach program staff to review general program operations and to comment upon potential quality improvements for cultural competency purposes.

6. Describe how homeless consumers and their family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, are homeless consumers employed as staff? Do homeless consumers serve on governing or formal advisory boards?

The North Sound Mental Health Administration (NSMHA) has several consumers and advocates directly involved in planning and evaluation of regional services as part of their Board of Directors and Advisory Boards. Whatcom Counseling & Psychiatric Clinic has two family members/advocates on the Board of Directors. The WCPC Rainbow Center Advisory Board membership consists of at least 50% consumers and advocates. All these groups feed directly or indirectly into program planning and evaluation.

The NSMHA Advisory Board reviews all items prior to their presentation to the Governing Board, WCPC Board serves as the Governing Body of this organization, so consumer advocates have direct influence over program operations. The Rainbow Center Advisory Board reviews program budget, proposes program policy and operating guidelines, and participates in the daily self-governance of the Rainbow Center.

**Washington State PATH Application 2006
North Sound -- Whatcom Comm. Psych. Clinic**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		\$27,169.00	\$27,690.00			\$54,859.00
b. Fringe Benefits		\$6,792.00	\$7,020.00			\$13,812.00
c. Travel		\$900.00	\$390.00			\$1,290.00
d. Equipment		\$250.00				\$250.00
e. Supplies		\$1,310.00	\$450.00			\$1,760.00
f. Contractual		\$3,553.00				\$3,553.00
g. Construction						\$0.00
h. Other		\$4,062.00	\$1,950.00			\$6,012.00
i. Total Direct Charges (sum of 6a - 6h)		\$44,036.00	\$37,500.00			\$81,536.00
j. Indirect Charges		\$1,767.00	\$1,500.00			\$3,267.00
k. TOTAL (sum of 6i and 6j)		\$45,803.00	\$39,000.00			\$84,803.00
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	22. Indirect Charges:				
23. Remarks					

WHATCOM COUNSELING PSYCHIATRIC CLINIC PATH GRANT APPLICATION
Budget Narrative – Award period: October 31, 2006 – September 30, 2007

	<u>PATH Sub-Total</u>	<u>Total</u>
Personnel		
Outreach Clinician -Mental Illness Annual wages \$34,126; .75 FTE allocated to PATH grant	\$25,595	
Program Director Annual wages \$62,939; .0250 FTE supervision allocated to PATH grant	\$1,574	
TOTAL PERSONNEL		\$27,169
Fringe Benefits (based on 25% of total allocated wages)	\$6,792	
TOTAL FRINGE BENEFITS		\$6,792
Travel		
Local travel for Outreach team member	\$900	
TOTAL TRAVEL		\$900
Contractual	\$3,553	
Palm Pilot based data collection (<i>proposal requirement</i>)		
TOTAL CONTRACTUAL		\$3,553
Equipment		
Data Collection equipment (<i>proposal requirement</i>)	\$250	
TOTAL EQUIPMENT		\$250
Supplies		
Office & Printing Supplies ~\$26 month x 12 months	\$310	
Client-related supplies: food, over the counter medical, etc.	\$1,000	
TOTAL SUPPLIES		\$1,310
Other		
One-time housing rental, planning assistance, housing updates, etc.	\$2,717	
Client transportation ~\$58 month x 12 months	\$690	
Training – to assist with dealing with severely mentally ill homeless individuals	\$340	
Cell phone usage in the field for homeless engagement ~\$26 month x 12 months	\$315	
TOTAL OTHER		\$4,062
TOTAL DIRECT CHARGES		\$44,036
Indirect Costs		
Administrative Cost @ 4% of Direct Costs	\$1,767	
TOTAL INDIRECT COSTS		\$1,767
TOTAL PATH GRANT COSTS		\$45,803



PRSN

PENINSULA REGIONAL SUPPORT NETWORK
Providing Public Mental Health Services in
Clallam, Jefferson, and Kitsap Counties

APR 17 2006

RECEIVED

EXECUTIVE BOARD

Clallam County
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Mike Doherty
Steve Thoringer

Jefferson County
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Patrick Rodgers
David Sullivan

Kitsap County
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Dorothy Lutz
Bill Mosiman

ADMINISTRATOR

Anders Edgerlon

April 13, 2006

Hank Balderrama
Division of Mental Health
PO Box 45320
Olympia, WA 98504-5320

Dear Mr. Balderrama:

Attached you will please find the Peninsula Regional Support Network's (PRSN) application for FY 2007 PATH funding. The materials attached include the budget, budget narrative, and SF 424.

The PRSN contracts with West End Outreach for the operation of the PATH program, and all funds received will fund programs operated by West End Outreach Services, which is a program operated by the Forks Community Hospital.

Included in the budget are matching dollars required in all PATH grants. These funds are all local non-federal match funds, and will be available at the beginning of the award period and will be sufficient to meet federal requirements.

I look forward to the opportunity to continue operation of this important program.

Sincerely,

Anders Edgerlon
Regional Administration

cc: Steve Ironhill, West End Outreach Services

Attachments

604 Division Street, M8-24 Port Orchard, WA 98366-4076 (800) 337-4024
FAX (360) 337-5721

Section C: Local Provider Intended Use Plans
Peninsula RSN - West End Outreach Services (WEOS)

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The Peninsula Regional Support Network is the administrative organization which oversees the provision of publicly funded Community Mental Health Services in Clallam, Jefferson and Kitsap Counties, a mix of urban, rural and frontier areas located on the Olympic Peninsula in Western Washington.

West End Outreach Services, a state licensed community mental health center, will be the contracted agency for PATH services; its service area is the western portions of Clallam and Jefferson Counties.

2. Indicate the amount of federal PATH funds the organization will receive.

Base Funds:	\$ 47,463
Evaluation Funds:	\$ 4,015
Palm Equipment:	\$ 250
Match:	\$ 17,587

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. the projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

It is projected that 25 individuals will be enrolled for PATH funded services. Of these, it is estimated that 95% of individuals will be literally homeless. These estimates and projections are based on a point in time HUD homeless survey conducted in January, 2006. Survey results reflected that 42% of the homeless in Clallam County are in the west side of the county. A significant number identified mental illness as one of the reasons that they are homeless.

- b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);
 - Outreach and engagement services
 - Screening and diagnostic treatment services
 - Community mental health
 - Access to alcohol or drug treatment
 - Case management services

- Supportive services in residential settings
- Relevant referral and linkage services including to primary health services, job training, educational services and housing services
- Housing services include: Planning for housing, improving the coordination of housing services, and security deposits and one-time rental payments to prevent eviction.

These services are integral to the PATH service delivery plan in that they provide for the emergent health and mental health needs of PATH eligible clients and are complimented by the on-going development of a comprehensive array of housing services and supports.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

West End Outreach Services (WEOS) has been the historical service provider for PATH eligible clients in western Clallam and Jefferson counties through its emergency shelter, community mental health and chemical dependency treatment programs. Additionally, the Housing Authority of the County of Clallam, in collaboration with WEOS, developed a low-income apartment complex, with ten (10) units set aside for persons with mental illness and/or co-occurring substance use disorders with supportive services provided by WEOS. Olympic Community Action provides limited financial support in the way of one time contributions toward rental and security deposits which often matched by WEOS flexible funds

- d. gaps in current service systems;

The biggest challenge for our PATH clients remains finding decent affordable housing.

The profound gaps in housing resources in the West End are primarily due to the centralization of continuum of care housing in the more populated areas of both counties, a distant 90 and 160 miles away for persons in Clallam and Jefferson counties, respectively. This has been compounded by the major decrease over this last year of available rentals on the West End. The available shelter beds and limited permanent low income housing has not increased to meet the needs.

This last year we have been successful in securing funds for limited transitional housing programs. But, even with this increase, we have many homeless people on the waiting list to get into both shelter and transitional housing. We continue to work with the Clallam County Continuum of Care to secure funding through Washington Family Funds. We were not successful in our grant application last year, but have addressed their concerns in this year's application. A site visit is scheduled for April 13, 2006. The WEOS PATH oversight committee continues to identify increased transitional housing as the top project that they wish to work on. The committee is looking for a house or duplex, researching additional local funding sources to purchase a facility, and develop program criteria.

Over this last year, the West End Affordable Task Force (a group comprised of West End Outreach, Serenity House, Housing Authority, North Olympic Affordable Housing Network, USDA, Habitat for Humanity, City of Forks and the PATH Planning and Oversight Committee) has continued to work towards a comprehensive plan to increase affordable housing stock on the West End. This group sponsors several public meetings to get feedback and to raise community awareness of the problem.

Projects of the Task Force Include:

- a joint project with the Housing Authority and West End Outreach to build additional units of supportive housing. The Housing Authority has hired a full-time developer and it is our goal to submit an 811 application by 2007.
- Protecting any existing low income housing. The Housing Authority is currently in the process of encouraging the Ox Bow apartments (they are at the end of their obligation to provide subsidized housing) to continue their subsidized housing so that the area does not lose that housing as a resource. The Housing Authority is in the process of purchasing the Peninsula Apartments to continue this complex as subsidized housing since it is also at the end of the obligation to provide this type of housing.
- Expanding low-income housing stock. Habitat for Humanity was started due to the efforts of this group, and it is a successful effort with a lot of community support. Clallam County Land Trust continues to look towards purchasing property for scattered sites in the town of Forks.

Other gaps in service include limited access to public mental health services for those who lack Medicaid. This access issue was compounded when more restrictive policy was enacted in July, 2005, which prohibits the use of capitated Medicaid savings for non-Medicaid services and non-Medicaid individuals. In response to this development, the agency is designing and implementing an expedited SSI application process which will provide medically derived data supporting disability to those who make eligibility determinations.

- e. Services available for clients who have both a serious mental illness and substance use disorder;

The project is designed with the assumption, validated by agency experience and the literature that a significant number of persons with co-occurring mental health and substance use disorders are present in the population to be served. Accordingly, the key service elements and intervention strategies are designed to address the unique and complex context presented by the presence of co-occurring disorders. Motivational interviewing techniques and harm reduction strategies are central to the approach and embedded in outreach, engagement and case management practice. Treatment will be provided by the integrated co-occurring disorders program staffed jointly by mental

health and chemical dependency professionals which has been developed and implemented by WEOS.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

The provision of housing is central to the overall design of the PATH project. Agency emergency shelter beds, transitional programs and current housing resource development activities are targeted as housing options for PATH clients. Specific strategies are listed in Section 3.d. above.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

WEOS was one of the founding agencies of the Shelter Provider Network which has been the core group involved in the HUD Continuum of Care community planning efforts in Clallam County since 1994.

One available emergency shelter unit available for West End homeless, other than those who are victims of domestic violence/sexual assault, is funded by ESAP through the Continuum of Care planning process and two additional shelters which are funded by local 2060 monies. WEOS is also an active participant in the North Olympic Regional Housing Network which is an organization advocating for affordable housing in Clallam County. A subgroup of the Shelter Providers Network continues to focus on implementation of the Continuum of Care plan priorities in the West End which complement the service plan components of this local PATH proposal.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

The cultural diversity of the service area is reflected by the presence of three Native American tribes; the Makah, Quileute and Hoh Tribes; a growing Latino community and the following demographic descriptors.

According to 2000 U.S. census data, the population of the area is 10,746. One in five residents live in poverty while over 40% have incomes of less than 200% of the U.S. poverty level. Thirty-five percent (35%) of the population are members of racial and ethnic minorities and 12% are linguistically isolated (primary language other than English), and the unemployment rate is 12.3%. Significant health disparities, which compared to Clallam County and the State of Washington, exist in the West End, including teen birth-rate, low birth weight, suicide at twice the State rate (23.1 per 100,000), chronic disease morbidity and oral health (Clallam County Health & Human Services, 2003).

It is within the above described context of geographic isolation, cultural diversity, poverty, unemployment and health disparities that people with mental illness, and who are homeless, are the most vulnerable among the vulnerable at the biological, psychological and social levels.

Cultural competence is a valued principle in guiding service delivery for WEOS. Accordingly, its cultural competency plan reflects the infusion of cultural competency principles at policy and practice levels. At the policy level, a community advisory board, whose composition reflects the service population, provides programmatic guidance in service development and delivery.

As a result of a cultural competency self-assessment undertaken in 2000, the agency realigned its supervision protocol and staff training plans to promote cultural competency. Ongoing activities reflective cultural competency include: All staff participate in regular case oriented consultation and supervision provided by in-house geriatric, child, Native American, Latino and sexual minority mental health specialists; ongoing training related to cultural competency and diversity issues; and cooperative agreements and/or contracts in place with three local Native American tribes for the provision of mental health and substance abuse treatment services. In addition, staff composition reflective of the service population.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

Specific to the PATH project, PATH eligible consumers participated in the project design and will continue to serve in advisory and oversight capacity for project implementation.

The Planning and Oversight Committee comprised of homeless and previously homeless consumers has continued as a committed, active group. The Committee meets on the first and the third Tuesday of each month. The group has accomplished a variety of projects:

- effective outreach to homeless people;
- increasing community awareness of problems facing individuals with mental illness;
- surveying trailer stock in the area to gather data necessary for grants;
- developing a site plan for the 811 project;
- planning community meetings to address housing concerns such as landlord tenant law, septic care and how to prevent mold and mildew.

This group participated in the Housing Advocacy Day in Olympia 2006 and currently they are focusing their efforts on increasing transitional housing in Forks.

**Washington State PATH Application 2006
Peninsula RSN -- Westend Outreach Service**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		\$31,678.00	\$8,424.00			\$40,102.00
b. Fringe Benefits		\$10,137.00	\$2,696.00			\$12,833.00
c. Travel		\$3,115.00	\$0.00			\$3,115.00
d. Equipment		\$250.00	\$0.00			\$250.00
e. Supplies		\$0.00	\$2,467.00			\$2,467.00
f. Contractual		\$4,015.00	\$0.00			\$4,015.00
g. Construction		\$0.00	\$0.00			\$0.00
h. Other		\$2,533.00	\$4,000.00			\$6,533.00
i. Total Direct Charges (sum of 6a - 6h)		\$51,728.00	\$17,587.00			\$69,315.00
j. Indirect Charges		\$0.00	\$0.00			
k. TOTAL (sum of 6i and 6j)		\$51,728.00	\$17,587.00			\$69,315.00
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. PATH Homeless Mentally Ill					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	22. Indirect Charges:				
23. Remarks					

PATH PROJECT - BUDGET NARRATIVE
10/01/06 to 09/30/07

PERSONNEL: Wages reflect current salary scales with 1.5% increase applied for mid-year adjustments. Staff expenses are proposed as follows:

Outreach/Case Management
 1.0 FTE Case Manager @ \$15.23/hour

Project Administration
 .15 FTE Program Coordinator @ \$27.00/hr

FRINGE BENEFITS: Includes Medicare, unemployment, industrial, medical, life and disability insurances, pension, deferred compensation (social security replacement) at a total rate of 32%

TRAVEL: Estimated at 7,000 miles @ \$.445/mile (includes local and quarterly trips to State PATH meetings)

EQUIPMENT: The following equipment is scheduled for facilitation of data collection, program evaluation, resource development, correspondence and electronic communication.

SUPPLIES: To assist program participants obtain necessary basic needs such as food, clothes, medications, etc.

CONTRACTUAL: External Project Evaluation

OTHER:

Training:

Housing:

Rental/Utility Deposits (2 @ \$500 to \$600)

One-time rental payments (3@ \$300-400)

Minor Repair/Maintenance

GRAND TOTAL

REVENUE:

PATH Grant

Applicant Funds

TOTAL REVENUE:

TOTAL	FEDERAL	MATCH
\$31678	\$31678	
\$8424	0	\$8424
\$40102	\$31678	\$8424
\$12833	\$10137	\$2696
\$ 3115	\$3115	
\$250	\$250	
\$2467		\$2467
\$4015	\$4015	
\$3533	\$2533	\$1000
\$1000		\$1000
\$1000		\$1000
\$1000		\$1000
\$69,315	\$51,728	\$17,587
\$51,728	\$51,728	
\$17,587		\$17,587
\$69,315	\$51,728	\$17,587

Match funds are derived from in-kind contributions for program supervision, state transitional housing funds and general agency private pay and tribal contracts.



Pierce County

Human Services

3580 Pacific Avenue
Tacoma, Washington 98418

MAY 05 2006

RECEIVED

FRANCES I. LEWIS
Director

April 10, 2006

Mr. Hank Balderama
Department of Social and Health Services
Mental Health Division
PO Box 45320 / 1115 Washington Street
Olympia, WA 98504-5320

Subject: 2006 Pierce County RSN PATH Intended Use Plan and Budget

Dear Mr. Balderama:

The Pierce County Regional Support Network is pleased to submit the attached PATH Intended Use Plan and accompanying SFS 424 Budget for the 2006-2007 funding cycle. This year the RSN is excited to submit a plan based on two subcontractors working to meet the needs of the homeless in Pierce County. The plan brings the extensive PATH experience of Comprehensive Mental Health as well as the additional vision of Greater Lakes Mental Health.

The RSN strongly supports the planned efforts and visions of these two organizations as they work to meet the needs of the homeless with mental illness in the Greater Pierce County area. Each agency brings a strong commitment and extensive experience in support of its plan. While team members from both PATH programs will work to meet the immediate needs of the homeless, each agency, in conjunction with the RSN, will remain active participants in the Homeless Coalition and the Continuum of Care to bring about system change.

Funds to be contracted to the provider agencies include:

	<u>Comprehensive</u>	<u>Greater Lakes</u>
Base Funding:	\$132,555	\$42,000
Palm Contract:	\$ 10,526	\$ 3,335
Palm Equipment:	\$ 250	\$ 250
Match;	\$ 48,733	\$ 15,499

Telephone (253) 798-4926 ! Toll Free 1-800-531-0508
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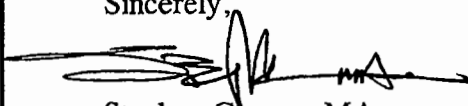


Printed on recycled paper

Note: All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Thank you for your help and patience in preparing this plan. We believe its intent and potential will best serve the homeless mentally ill of Pierce County. Please let me know if you have any questions regarding the plans or the intended coordination of services by the Pierce RSN.

Sincerely,



Stephen Greene, MA
Utilization Manager

cc: Fran Lewis
Diana Fitschen

Section C: Local Provider Intended Use Plans

Pierce RSN

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The Pierce County RSN is a publicly funded Regional Support Network and Prepaid Inpatient Health Plan serving the mental health needs of residents in Pierce County, WA. Coordinated mental health care, including outpatient services and crisis intervention, is provided by four principal community mental health agencies, an after-hours Mobile Outreach Crisis Team, a Crisis Triage Center, and a Secure Detox. The RSN coordinates services for the homeless in Pierce County through the efforts of two PATH-funded teams operated by Greater Lakes Mental Health and Comprehensive Mental Health and its subcontractor Metropolitan Development Corporation respectively.

2. Indicate the amount of federal PATH funds the organization will receive.

Base Allocation:	\$174,555
NW Resource Associates Allocation:	\$ 14,766
Palm Pilot Equipment:	\$ 500
Minimum Match to be contributed:	\$ 64,539

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

Please see the attached individual Intended Use Plans from Comprehensive Mental Health and Greater Lakes Mental Health for complete details regarding services, individual program demographics and plans.

In an effort to coordinate the PATH contract most effectively with the two subcontracting agencies and work to meet the goals established in their respective plans, the RSN will meet with the two PATH coordinators on a regular basis to help them evaluate progress toward goals identified in their IUPs. Both programs have been urged to set both realistic and achievable goals in terms of outreach and engagement as well as community involvement and change. The RSN also is committed to assisting the two programs with unique identifier issues as they affect data integrity issues and counts entered in the Palm Pilot data collection system. This will allow the RSN and the two teams to better maintain attention on the changing needs of homeless people rather than cleaning up data reporting issues.

- a. the projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

Based on the combined projections of the two PATH programs in Pierce County, it is estimated that approximately 392 individuals will receive outreach and engagement services. Of those,

approximately 156 are projected to be enrolled as PATH clients. During this grant cycle, the RSN will be paying more attention to the strategies and projected goals, as agencies' goals have been adjusted to be more realistic. .

- b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

Please see individual provider agency IUPs.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Please see individual provider agency IUPs

- d. gaps in current service systems;

Please see individual provider agency IUPs

- e. services available for clients who have both a serious mental illness and substance use disorder;

Please see individual provider agency IUPs

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Please see individual provider agency IUPs

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Both PATH providers have played significant roles in the ongoing development of the HUD Continuum of Care in Pierce County. Greater Lakes Mental Health and Comprehensive Mental Health each have long-standing commitments to address the needs of the most vulnerable individuals, including the homeless mentally ill, in their respective communities and throughout the greater Pierce County region. The RSN works closely with both agencies to help identify and support areas of greatest need for the homeless and those at imminent at risk of homelessness. RSN Care Managers from both the Children's and Adult systems participate in the Homeless Coalition and the Continuum of Care to help identify community and provider concerns and participate in planning activities.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff

receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

Please see the individual plans from Comprehensive Mental Health and Greater Lakes Mental Health for a complete description of their program demographics and plans to meet the population differences encountered by each team. It is the RSN's contractual requirement that when a team and/or agency composition is unable to provide adequate consultation regarding a cultural, racial, gender, language or age issue that the team or team member will seek appropriate outside consultation services. Services are to be sought in a timely manner to appropriately address the individual's needs. The RSN continues to encourage both programs to work together for joint training and consultation when appropriate. The use of such joint opportunities as well as diversity consultation needs will be a regular topic of monthly during RSN and program meetings.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

Please see the individual plans from Comprehensive Mental Health and Greater Lakes Mental Health for specific descriptions of how each agency involves the homeless in the development of its plan, on its staff and on its advisory board. The RSN encourages participation on its Mental Health Advisory Board by individuals with a mental illness and who are and have been homeless. Currently, at least one member experiences both.

Washington State PATH Application 2006

Pierce County Regional Support Network

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$92,623	\$15,736			\$108,359
b. Fringe Benefits	\$26,011	\$3,303			\$29,314
c. Travel	\$1,857	\$6,940			\$8,797
d. Equipment	\$500	\$9,663			\$10,163
e. Supplies	\$600	\$1,030			\$1,630
f. Contractual (Includes RSN Contract with NW Resource Associates)	\$65,054	\$17,098			\$82,152
g. Construction					\$0
h. Other		\$6,720			\$6,720
i. Total Direct Charges (sum of 6a - 6h)	\$186,645	\$60,490			\$247,135
j. Indirect Charges	\$3,176	\$18,923			\$22,099
k. TOTAL (sum of 6i and 6j)	\$189,821	\$79,413			\$269,234
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. PATH/Homeless Program					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	22. Indirect Charges:				
23. Remarks:					

Pierce County RSN PATH 2006 Budget Narrative

Budget Narrative		PATH Funded		Match Funded	
		FTE	Salary	FTE	Salary
Personnel- includes staff from CMH, MDC & GLMH	<i>Position</i>				
	RSN Care Manager			0.05	\$4,569
	Outreach Workers	1.30	\$23,440	0.00	
	Case Manager	1.80	\$57,444	0.80	\$6,111
	2 Program Supervisors	0.10	\$11,739	0.30	\$5,056
	CD Outreach worker	0.80	\$50,288	0.80	\$17,098
	<i>Subtotals</i>	4.00	\$142,911	1.90	\$32,834
Benefits	Includes payroll plus health and welfare coverage at 28% of salaries /wages per CMH policies, 36 % per MDC and 30% per GLMHC policies		\$26,011		\$3,303
Travel	Reflects local travel for outreach workers		\$1,857		\$6,940
Equipment & Space	Palm Pilot repair & replacements /office space		\$500		\$9,663
Supplies	Office supplies, copying, printing		\$600		\$1,030
Contractual Services	Data management contracts with NW Resource Associates		\$14,766		
Other	Training expenses, telephone/pager costs, communication, insurance		\$0		\$6,720
Indirect Costs	10.76% for CMH and 16.2% for GLMHC		\$3,176		\$18,923
	Totals		\$189,821		\$79,413

Section C: Local Provider Intended Use Plans
Pierce RSN - Comprehensive Mental Health

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Comprehensive Mental Health is a private, non-profit, state licensed Mental Health Center that receives public funding to serve children and adults with severe and persistent mental illness. Services include outpatient community support, a variety of residential care arrangements and crises care. Substance abuse services are sub-contracted, with prior RSN approval, to Metropolitan Development Council.

The Metropolitan Development Council is a Community Action Agency and Community Housing Development Organization currently operating 38 special programs. These programs include Healthcare for the Homeless, outpatient and inpatient substance use treatment, medical detoxification, alcohol and drug involuntary commitment and a continuum of housing options. A portion of the funds awarded to Comprehensive MH will go to MDC for outreach and other services for people who are homeless and mentally ill and who also have a substance use disorder.

2. Indicate the amount of federal PATH funds the organization will receive.

- Base allocation: \$132,555
- Amount to Northwest Resource Associates: \$11,213
- Palm Equipment: \$250
- Minimum match to be contributed: \$48,966

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. the projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");
 - Projection of number of clients to be served: 25 per month, 300 annually with an estimated 10 per month, 120 annually enrolled
 - Projection that will be "literally homeless": 90%
 - Rationale: The focus of the PATH team continues to be the literally homeless in Tacoma and Pierce County. In 2005, we served 305 literally homeless persons and enrolled 229 in PATH. Of the 229, 158 lived outdoors and 10 in short term shelters. Moreover, 74 of the 168 have been homeless over one year. The Homeless Count for 2005 revealed 1,824 people with 1,121 single individuals, 714 persons living without shelter of any kind 524 persons utilizing emergency shelters, and 586 in transitional shelters (mostly men and women with children).

b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

- Outreach
- Screening and Diagnostic Services
- Community Mental Health Services
- Alcohol and Drug Treatment Services
- Staff Training
- Case Management Services
- Referrals for primary health services, job training, educational services and relevant housing services

Along with outreach, engagement and screening for PATH eligibility, the team regularly works to provide case management, referrals, and linkage to substance abuse treatment, medical and dental care as well as mental health and crisis services. The success of the team is marked by its commitment to locate and serve these individuals. Specific services include:

Outreach and Engagement involves the PATH team seeking out homeless people and those at risk for becoming homeless. Team members frequently monitor and visit known encampments in areas likely to shelter those seeking refuge and who may be PATH eligible individuals. The PATH team also is actively involved with community mental health center liaisons and hospital social workers at area emergency rooms, inpatient psychiatric units and the Crisis Triage Center. This allows PATH staff to engage homeless people before they return to the streets and, when possible, begin developing a plan.

Screening and Diagnostic Services involve ongoing evaluation for eligibility and screening from the first contact. If a person is in visible distress and agrees, the individual will be transported or directed to a relevant level of care. These would include options such as:

- Crisis Triage Center and/or Secure Detox
- Health Care for the Homeless clinics
- Tacoma Detox Center, which includes eight sobering beds
- Area hospital emergency departments

If at any time during the outreach or screening process the individual appears to meet community mental health Access to Care standards and is willing to accept these services and is a Medicaid recipient, the PATH staff will help facilitate a referral to the appropriate mental health agency for an intake appointment. Access to care standards were implemented in Washington beginning in 2004, consistent with Centers for Medicare and Medicaid Services (CMS) directives.

Community mental health treatment: If the consumer is agreeable to mental health services, PATH staff work to identify available resources and assist clients to access them. If necessary, PATH staff will make the referral and help arrange transportation to ensure connection to service. If an individual is receiving Title XIX, they are eligible for an intake assessment with one of the RSN contracted providers. Those who are not eligible can be seen by members of a

Crisis Intervention Team or, the after hours Mobile Outreach Crisis Team if in immediate crisis. PATH provides follow-up on homeless individuals referred to area crisis services to better ensure that the individual is safe and that continuity of care has been assured.

Drug/alcohol treatment: The PATH team includes a chemical dependency (CD) counselor from the Metropolitan Development Council. During an outreach, he does a brief interview to determine the extent of an individual's substance use/abuse, the need for treatment and possible treatment options. The PATH team frequently uses the Tacoma Detox Center as well as its eight sobering beds. Through an independent source of funding, the Access to Recovery Grant, PATH clients have priority access to treatment resources.

Staff training: PATH team members provide training to staff of other agencies at various sites including clinics, shelters, meal sites and drop-in centers. These sessions help staff - from administrative to line staff - more effectively engage homeless people. In addition, they teach others to help homeless people access resources. Respect and dignity are emphasized. Staff also has trained law enforcement personnel about interacting with and approaching homeless people while minimizing mutual risk and increasing the effectiveness of interactions and communications.

Case management and referral services: Case management is the collection of services provided by PATH staff and allied providers and is based on the individual's specific needs, identified problems and goals. Progress is monitored along the way, and as the individual's needs change so does the plan. PATH staff builds trust to get people off the street by providing warm blankets, clothing, boots, bus tickets, hygiene kits, water, or whatever may be an inroad to serving homeless people.

We attempt to move people towards mental health services at homeless clinics, assist them in obtaining a place to live and/or get substance abuse treatment. We educate regarding how and where to take people to get their physical health care and/or financial benefits. We advocate for consumers who are in trouble with the Dept. of Corrections because they have not reported in. The PATH team takes people to get showers, calls their relatives, and writes articles for STREET PULSE Homeless newspaper. We connect people with needed resources in Tacoma and Pierce County. We broker, advocate, and complain to get what we can for the consumers; we listen and even cry or mourn if the need arises.

Vocational/educational assistance: PATH team members maintain contact with the Division of Vocational Rehabilitation and Pierce County Work Source to help link individuals with employment, training, or educational opportunities. Because some consumers decline involvement with structured programs, PATH staff connect these individuals with temporary labor agencies. This allows them to earn income and feel productive despite their homeless status.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

KEY ORGANIZATIONS:

- Metropolitan Development Center—provides an array of services to meet the physical and mental health needs of homeless people including housing, healthcare for homeless clinics, outreach services, and resources for substance abuse disorders. Their Multi-purpose Center attracts individuals needing showers, laundering capabilities, and/or a connection with resources.
- Catholic Community Services— offers the Hospitality Kitchen, food bank, drop-in center and soup kitchen. Homeless people are welcome to visit and eat breakfast/lunch, pick up clean clothing, or connect with a VA representative. The PATH team interfaces with programs at CCS including assessing consumers for dangerousness, transporting to the Crisis Triage Center, and connecting homeless people to alternative resources that CCS does not offer. In the same block as CCS, there are seven other programs that serve homeless people and needy that PATH draws upon regularly including St. Leo's Social Justice Program, Catholic Worker Housing, New Connections for Women Out of Prison, Operation Keep 'Em Warm and the Lewis Jones House for Homeless Men.
- South Sound Outreach—a private non-profit agency that provides assistance in filling out paperwork for the state Department of Social and Health Services, the Washington Combined Application Process, (WASHCAP) for Social Security Insurance (SSI) General Assistance to Unemployed (GAU) General Assistance, expedited Medicaid (GAX) and food stamps. Their mission is to reach people who are not able to connect with programs because of physical or mental health impairments. PATH staff share resources regarding information in the county; update each other on what works and what has not worked. We work together on creative problem solving. We share ideas on how to deal with people who are homeless with staff from other agencies and strategize on the best plan to get people what they need. We also work with their outreach workers who have experience working with the Veterans Administration.
- Tacoma Rescue Mission—a 70-bed Christian based shelter which provided over 50,000 nights of shelter and almost 100,000 articles of clothing to homeless people last year. They also house the New Life Recovery Program (a drug/alcohol treatment program for men and women). In addition, the Challenge Learning Center served 560 homeless students and logged 10, 428 hours of GED Preparation and Life skills training. As a result of the PATH working relationship with the Mission, the team is able to get people into the shelter when there are no other alternatives. PATH staff also attends the Mission's monthly staff meetings.
- Needle Exchange—provides education, support, resources, clean and sterile needles/syringes and condoms for IV drug users. PATH has experienced increased referral calls from the Exchange in 2005. We'll continue to assist their consumers in accessing resources, Housing First beds, and occasionally transport to shelters and food sites.

- Veterans Administration—has increased its responsiveness to the needs of homeless veterans in the past two years and we now have a VA representative at the Hospitality Kitchen one morning per week. Also, due to chronic resource shortage for the VA and PATH's continued advocacy, the City of Tacoma has hired a consultant to develop and implement a plan to better serve veterans in this region.
- Salvation Army—PATH relies on this organization for their food and clothing banks, access to medical and prescription assistance, and referrals for drug and alcohol treatment and job opportunities located in Olympia and Seattle.

OTHER COORDINATION: The PATH team continues to work with 30 of the 45 agencies who participate in the Continuum of Care which includes joint problem solving, phone consultation and site visits to evaluate potential PATH consumers.

d. gaps in current service systems;

- Loss of inpatient psychiatric bed capacity. Puget Sound Behavioral Health recently closed and is scheduled to reopen as an E&T with a reduction in beds.
- Extensive reduction of funds for non-Medicaid clients and Homeless Health Care.
- Medicare Part D has been a complicated process that places homeless people at risk of benefit loss because of missed mailings and/or deadlines. As a result, many individuals will stop getting or taking medications.
- Affordable, viable housing is currently difficult to find or access especially for homeless, single individuals. A quote from the Homeless Count report states that "There are fewer emergency, transitional, and permanent housing options for homeless individuals than for families in Pierce County. For singles with mental illness or an acute drug or alcohol addiction, those options are further reduced." According to the Homeless Count 2005, there are approximately 1,824 persons who are homeless including 714 who live outdoors; 524 in emergency shelters; and 586 in transitional housing. Furthermore, the City Council recently passed a temporary moratorium preventing new housing programs from opening in the Hilltop area. This neighborhood has long drawn the virtually homeless.
- Lack of intensive case management for the Housing First clients. The program's goal was to provide 24/7 staff coverage so they could prevent visits to the Crisis Triage Center or the hospital. Due to funding issues, projected intensive case management has not occurred.
- Access to the beds at the VA seems unavailable to individuals with substantial needs. In addition, the VA reports that they do not offer outreach services to their consumers.
- Lack of case management follow-up for homeless consumers released from substance use treatment. As a result, they are then at increased risk of rapid relapse and/or slipping through the aftercare system.
- Lack of sensitivity training for law enforcement and fire department staff when intervening with homeless people.
- Exclusion or under-representation of consumers from what is going on in the COC or in County/City committees. Homeless are seen as visitors but not recognized as members in these meetings, contributing to feeling disenfranchised.
- Lack of coordination between the COC, the city and county groups charged with homeless issues. Consultant Donald Lachman from Seattle, a Tacoma City Councilwoman and the

chair for the Coalition for COC and Coalition for the Homeless have repeatedly stressed the need for a coordinator with the authority to make decisions regarding homeless issues.

- Lack of participation in the COC by faith-based organizations which could bring a variety of staff and resources, from motel vouchers to volunteers to collect clothing and hygiene items.
- Lack of hygiene items for women. Needs associated with feminine hygiene are frequently overlooked for homeless women and are generally not donated with the same regularity as other general personal care items.

Strategies for filling these gaps:

Serving those who have little or nothing, the PATH team comes face to face with the many system gaps daily. PATH staff are highly visible and respected within the community and as a result, PATH is called upon regularly to provide feedback about housing, safety and security, and have even been asked to participate in the Chamber of Commerce meetings as well as two of their subcommittees regarding homeless and public safety in downtown Tacoma. In addition, PATH is one of only 12 members on the Tacoma Encampment Work Group. We work diligently to be creative, to maximize resources and strategize the best plan. Here are some of our strategies to fill the gaps as we see them during FY 2006-2007:

- Loss of inpatient psychiatric ability – PATH continues to work aggressively to place homeless individuals at Crisis Triage, the new Secure Detox, and other crisis beds to minimize the need for inpatient beds.
- Extensive reduction of funds for non-Medicaid – In 2005, both PATH and RSN staff attended trainings to learn to how to better submit applications to increase the number of first time acceptances of SSI applications, as the current rate is approximately a 65% refusal of first time applicants.
- Medicare part D – There have been extensive community trainings available from RSN and Aging and Long Term Care staff for PATH staff and other providers on how to accurately maneuver through the system regarding the various options of the Part D program of Medicare. Providers will continue to be trained throughout 2006, particularly as the deadline of May 15 for first-time enrollees approaches.
- Housing—MDC continues to play an active part in housing hard-to-serve individuals. In the next year they will have 10-12 beds for prostitutes and additional transitional housing for chronic public inebriates. PATH will assist in monitoring those individuals if they leave the programs.
- Housing First—PATH staff continue to refer Tacoma's most challenging individuals to Housing First. PATH is also in the process of training Housing First case managers how to effectively engage consumers who have been on the streets for many years. PATH staff are developing a brochure to help market the Housing First program to landlords.
- Access to VA beds – PATH staff will continue to work with the VA social worker at the Hospitality Kitchen during his once-a-week outreach to those who may be homeless veterans, as well as refer potential vets to the VA social worker.
- Lack of case management follow-up for consumers released from substance abuse treatment programs – PATH is part of a group, Sobering Services, that is applying for a

- grant for case management services to follow-up with homeless consumers that have gone through substance abuse treatment and need intensive case management.
- Training for law enforcement and fire department—Efforts continue by consultant Donald Lachman to assist law enforcement in tailoring strategies, such as therapeutic services, for dealing with homeless people. PATH has been called upon to be first responders following a police “sweep” of a camp. Police will request PATH to assist in securing transportation and resources to help re-locate the individuals. We have also been asked to take paramedic trainees out with us so that they can see how to work with homeless.
 - Lack of consumers on committees—PATH will continue to advocate for consumers as recognized committee members and not just interested citizens. Continuing a strategy begun in 2005, homeless individuals will be invited to Town Meetings by both Tacoma City Councilwoman Julie Anderson and Representative Dennis Flannigan with an emphasis on including homeless people in the change process.
 - Tacoma Encampment Work Group—PATH has worked to educate the group about the many different kinds of people who are homeless and they are not all criminals or drug involved. Also, PATH has provided technical assistance to the Seattle consultant and stressed that housing without case management will likely result in people returning to the streets. The COC, City and County officials continue to develop strategies with area social service agencies that could establish codes of behavior and consequences for violence and/or drug use within those agencies.
 - Faith-based organizations—PATH has invited numerous interested denominations to attend COC meetings. The PATH Team Leader has been invited to meet with local Church of Latter Day Saints bishops. Such access to their staff and programs would allow PATH to better coordinate services between PATH and the Church.
 - Hygiene items for women—PATH Team Leader mentored a Master’s level thesis project from University of Puget Sound. The project collected over 11,000 women’s hygiene products in three months. This project will continue in the Spring 2006 as another Master’s candidate continues the projects based on protocols established in 2005.

- e. services available for clients who have both a serious mental illness and substance use disorder;

PATH continues to provide coordinated services and referrals for co-occurring disorders whenever possible – there were nearly 150 referrals for substance abuse treatment in 2005. Services included:

- Comprehensive Mental Health (CMH) — CMH provides a entry point for homeless individuals to readily request Access to Recovery monies. These funds can help individuals with evaluations, rental assistance, and transportation when dealing with their substance issues. CMH also subcontracts with MDC for a chemical dependency professional who conducts an abbreviated chemical dependency assessment of any homeless individual whenever the situation warrants.
- Metropolitan Development Council operates a number of programs including:
 - The CENTER which is an outpatient substance abuse treatment program offered in four locations in Tacoma and rural Pierce County.
 - A medical detoxification and Sobering Center is housed at the Tacoma Detox site and

serves adults and children over 13.

- The eight-bed Sobering Center established in 2004 is a safe environment to which public inebriates can be taken for sobering.

–Involuntary Commitment for Chemical Dependency Office targets individuals with life-threatening chemical dependency issues. The program provides investigation and placement services in long term inpatient substance abuse treatment facilities such as Pioneer Center North.

– MDC has a Chemical Dependency Professional on the PATH staff which provides ready access to the MDC treatment programs. PATH uses this relationship in order to expedite CD treatment for homeless consumers.

- Needle Exchange — This van-based, mobile resource staffed by professionals assists IV drug users with resources and clean syringes. PATH has increased involvement, consultation and education with Exchange staff in 2005. As a result they are better able to meet the varied needs of homeless people they encounter.
- Tacoma Rescue Mission—offers the New Life Recovery Program, a 30 day drug and alcohol treatment program for men and women.
- Crisis Triage Center—operated by the Pierce County RSN offers short-term respite for those suffering from psychiatric or substance abuse crises.
- In early 2006, the RSN will open a 16 bed Secure Detox Unit. PATH staff will work closely with facility staff and homeless consumers detained to this facility to serve the needs of those homeless with co-occurring disorders.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

CMH PATH works closely with many of the housing providers and programs in Tacoma and Pierce County to continually identify available housing units and resources. PATH's principal partners include:

- Housing First- Metropolitan Development Council, Greater Lakes Mental Health Center, Department of Corrections, and Pierce County Aids Foundation are partners in the planning and implementation of the Housing First Demonstration Project which now houses 30 previously homeless individuals. PATH remains a principal referral source for the project. In 2005, the CMH PATH program made 12 referrals to Housing First.
- Metropolitan Development Council— MDC is scheduled to open housing specifically for homeless prostitutes and chronic public inebriates in early 2006. The PATH team will work closely with this new program to help monitor and assist individuals who leave the program for the streets.
- Tacoma Rescue Mission – offers emergency housing for men. They also offer meals, clothing bank, substance disorder program, and a learning center. The PATH team engages with shelter workers and guests 2-3 times per week and are considered an integral part of their operation. The PATH team regularly attends the Rescue Mission's monthly staff meeting to constantly improve our working relationship, share resources and establish best practices.

- Department of Corrections—PATH works with DOC staff to find safe, affordable housing for DOC consumers at discharge and when housing is lost. As an often trusted go-between, PATH is available to help develop and coordinate workable plans with consumers and their DOC staff.
4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Approximately 45 local agencies participate in the Continuum of Care (COC). Because resources are limited, participants rely on each other for up-to-date information, collaboration and planning. Principle accomplishments of the COC in 2005 included:

- Planning and implementation of the Housing First Demonstration Project. PATH now has the ability, through this program, to get someone into an apartment within a few days.
 - Partnership with MDC allowing increased access to their clinics, Multipurpose and Hygiene Center. With an MDC CDP on the PATH staff we are also able to more readily utilize their drug and alcohol resources.
 - Law enforcement has been more involved with the COC than in previous years. Members of the COC wrote letters to the Tacoma City Council, local law enforcement and area business leaders asking for notification prior to police plans to “sweep” a camp. PATH staff was identified to intervene immediately after such an action and evaluate and/or re-locate and transport homeless people to more suitable sites.
 - VA Subcommittee of the COC—the COC established a subcommittee charged with developing partnerships with service providers in order to improve access to VA resources. In addition, the group is working to establish outreach, engagement and assessment services in the field by VA staff. This service has never been available but long sought by PATH and homeless advocates.
 - Annual Homeless Count planned and implemented by the COC partners, including PATH. PATH Team Leader trained two trainers who trained the volunteers who then conducted the count in January 2006.
5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: “SAMHSA Guidelines for Cultural Competence.”)

(a) The Homeless Count for 2005 surveyed 1,824 consumers. Of these, 1,121 were single individuals - 760 were male and 361 were female. The majority of homeless people identified in the count are Caucasian (62%) while African Americans accounted for 25%. Native Americans and people who reported being of two or more races each totaled 5%, with Asian, Pacific Islander, and ‘Other’ each reporting 1%. PATH encounter data for 2005 and early 2006 generally reflect these numbers. The majority of PATH contacts are with Caucasian males. African Americans are the second most frequently contacted group.

(b) PATH staff at CMH are representative of the populations served, mostly Caucasian males. Two part-time female staff are available when the team needs a female to assist with female consumers. The addition of the second female staff was done in anticipation of a need for intervention with the MDC housing program for homeless prostitutes.

(c) PATH staff continues to use CMH Minority Mental Health Specialists to expand cultural awareness. We have access to Asian, Native American, Latino and African American specialists at CMH. An African American Specialist has been assigned to the PATH team in FY 2006-2007. During the Homeless Count, PATH recruits interpreters from Centro Latino for Spanish speaking individuals. CMH will also recruit minority agencies, as necessary, to engage homeless individuals with particularly challenging issues around engagement secondary to their ethnicity or culture.

(d) The Minority Mental Health Specialists were not called on to provide specific trainings for the PATH team members during 2005.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Despite ongoing efforts by PATH members, CMH does not have PATH consumers or families willing to be involved at an organizational level beyond attending the Pierce County RSN Advisory Board meeting each year to participate in a forum on homelessness. Offers to homeless individuals to participate with the PATH team continue to be declined.

For the past eight years PATH has employed a consumer who has chronic mental illness. He is able to connect with homeless consumers in ways which other PATH staff are not. Also, since November 2005, we have employed a female consumer for 20 hours per week. She has been homeless and has a mental illness. She has been an asset in working with homeless women who do not want to interact with male staff.

**Washington State PATH Application 2006
Pierce RSN--Comprehensive MHC**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		\$60,743	\$3,197			\$63,940
b. Fringe Benefits		\$16,491	\$868			\$17,359
c. Travel		\$1,857				\$1,857
d. Equipment		\$250	\$9,663			\$9,913
e. Supplies			\$500			\$500
f. Contractual (Includes RSN Contract with NW Resource Associates)		\$50,288	\$17,098			\$67,386
g. Construction						\$0
h. Other			\$5,285			\$5,285
i. Total Direct Charges (sum of 6a - 6h)		\$129,629	\$36,611			\$166,240
j. Indirect Charges		\$3,176	\$8,543			\$11,719
k. TOTAL (sum of 6i and 6j)		\$132,805	\$45,154			\$177,959
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. PATH/Homeless Program					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	22. Indirect Charges:				
23. Remarks:					

Comprehensive Mental Health Budget Narrative

October 1, 2006- September 30, 2007

		PATH Funds	Match	Totals
Personnel	FTE			
Outreach Worker/Case Aides	1.3	\$23440		\$23440
Case Manager	1.0	\$33000		\$33000
Supervisor	0.1	\$4303	\$3197	\$7500
Sub-Total	2.4	\$60743	\$3197	\$63940
Benefits		16491	\$868	\$17359
Includes payroll taxes and health and welfare coverage per CMH policies				
Travel		1857		\$1857
Reimbursement for local travel on outreach work (.405/mile)				
Equipment/Occupancy				
Equipment		250		\$250
Office Space			\$9663	\$9663
Supplies				
Office/printing			\$500	\$500
Contractual Services (MDC)		\$50288	\$17098	\$67386
Reflects services of .8 FTE Mental Health Counselor				
Liability Insurance			\$2455	\$2455
Other				
Telephone, pager, training			\$2830	\$2830
Indirect Cost				
10.768% in 2006. Includes 4% PATH funded		\$3176	\$8543	\$11719
Totals		\$132805	\$45154	\$177959

Section C: Local Provider Intended Use Plans
Pierce RSN - Greater Lakes Mental Health

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Greater Lakes Mental Healthcare is a private, non-profit mental health organization (501c3) that was incorporated in 1965 and has become a comprehensive mental healthcare center that is comprised of 247 staff members (149 fulltime and 98 part-time) and six divisions. These include Adult, Elder and Residential Services; Child and Family Services; Access Center; Crisis Intervention Team; Medical Services; and Administrative and Business Services. In addition to outpatient services we also own, rent and/or oversee 211 residential placements for consumers at various levels of intensity. These include 107 HUD funded and semi-independent living beds, 33 intensive services' placements (Adult Residential Treatment Facilities - ARTFs), 20 supervised apartments, and 51 group care beds, with another eight new HUD funded beds coming on line at the end of April 2006. During calendar year 2005 we provided 92,414 hours of service to 7560 persons.

Greater Lakes is one of three Core Service Agencies in the Pierce County Regional Support Network, primarily serving Southwest Pierce County. This includes the cities of Lakewood, University Place, and Steilacoom, unincorporated Parkland and Spanaway, and large rural areas.

2. Indicate the amount of federal PATH funds the organization will receive.

Greater Lakes will receive \$42,000 in base funding, \$3,553 for the Palm contract, \$250 for Palm equipment for a total of \$45,803. The agency will be required to have \$15,573 in matching funds.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - a. the projected number of clients who will receive PATH-funded services in FY 2005. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

Between April 1, 2005, when the PATH project was initiated, and February 15, 2006, the Greater Lakes PATH team served 85 homeless individuals, enrolling 30 of them. The team expects to serve 50 enrollees by end of the first year of operation. Based on the first year's experience as a PATH provider Greater Lakes expects to provide 152 clients with PATH funded services in its second year of operation, with 55 of those clients projected to be enrolled. Seventy-six of the 152 individuals (50%) are projected to be "literally" homeless.

- b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

- Outreach services
- Screening and diagnostic treatment services
- Habilitation and rehabilitation services
- Community mental health services
- Alcohol or drug treatment services
- Staff training
- Case management
- Referrals for primary health services, job training, educational services, and relevant housing services
- Housing services as specified in Section 522(b)(10) of the Public Health Service Act

In the coming contract year Greater Lakes will continue to structure its program utilizing the services of three staff to split the 1.0 FTE PATH position. Two clinical case managers will provide the primary outreach and case management functions at .4 FTE each, and the third, a team leader/supervisor, will be .2 FTE to coordinate services and provide back-up. By dividing the positions this way the PATH team is able to provide flexibility in terms of scheduling, back up for vacations or sick leave, and the availability for two people to go out on high-risk outreaches together. The same staff who provide PATH services on a part-time basis are also, for the balance of their fulltime work hours, providing case management services to Housing First residents. This means that PATH clients who move into enrolled services and/or into Housing First have the opportunity to continue their work with the same case manager, allowing for seamless services that minimize interruption and engagement difficulties. Once clients become eligible for Medicaid and are enrolled in services, they'll be referred to a case manager in the Adult, Elder and Residential program for ongoing services.

All potential clients are provided with outreach services during scheduled days and times of day that are strategically determined according to where and when potential clients are most likely to be found. The team has identified the major parts of the catchment area where homeless people tend to congregate, and by searching around these wooded areas, empty lots, bus depots, dumpster areas, areas behind businesses, around taverns and convenience stores, around abandoned properties, and along railroad tracks, they are most likely to encounter people who need PATH services. The staff attempt to engage these individuals by introducing themselves and their services, asking about their needs, often offering referrals to shelters and for other basic needs. They sometimes provide items such as clothing, food, tarps, bus tickets, and may transport people to a medical clinic or to detox when necessary and if the individual is willing. As the PATH program has become known in the area the team has begun to receive referrals from community members alerting them to the location of persons who may need the services.

Screening and diagnostic treatment begins at first contact when an individual is willing to engage with the PATH team. It is conducted by the professionally trained team members who gather information about the life situation, history and functioning of the homeless individuals, with the goal of acquiring specific diagnostic information that is used to develop a service plan for those who agree to enroll in PATH services. The screening information is collected on the PATH Program Initial Service Record, and includes a description of their presenting issues, their functioning (including physical maintenance, motor behavior, verbal skills, public behavior,

physical health, attitude and motivation, social interaction and independent living skills), substance use and treatment history, assessment of survival needs, a summary of current and past mental health treatment, their mental status, and a service plan, developed in collaboration with the individual, and based on the needs determined from the preceding information. Screening also includes an assessment of any funding streams for which the homeless individual is eligible.

Habilitation and rehabilitation services provide and link the homeless individual to services such as medical referrals, funding entitlements, residential placements, detox or substance abuse treatment, that assist him/her in meeting the needs that were identified in the service plan. Crisis intervention is provided by PATH case managers or by the Greater Lakes Crisis Intervention team. Many of these services are frequently available only to individuals with Medicaid coverage, though crisis intervention is available for any individual regardless of funding.

Community mental health services are available when the homeless individual meets RSN Access to Care standards and is funded through Medicaid. In that situation he/she will be closed out of the PATH program, and enrolled in Greater Lakes' community mental health services, which gives them access to services that include co-occurring disorders, medication assessment and management, clinical case management, and housing. Whenever possible the client will receive these services from the same case manager he/she worked with in PATH.

Staff training is provided to Greater Lakes' staff and other community providers to inform them about the availability and range of PATH services, and to offer support and education on working with homeless individuals. An example of this is a training planned for local law enforcement, as recommended by the PATH Advisory Committee. In the coming year Greater Lakes will be sending two PATH staff and two consumers to the State Coalition for the Homeless Conference in Yakima. The agency will also be sending the Greater Lakes' PATH team to Spokane to meet with the Spokane PATH team to learn how they have developed cooperative relationships with law enforcement, how they work with their homeless shelters, and about the development of the homeless resource center.

Case management services are provided by the PATH team, who are trained clinical case managers, and understand and work with enrollment criteria and processes every day. They also spend part of their work week providing case management to Housing First clients so are skilled at understanding those requirements as well. Through case management the staff help homeless individuals obtain funding and primary health services, job training, education services, housing services, as well as to meet their basic needs such as clothing and hygiene supplies.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Metropolitan Development Council (MDC) is a Community Action Agency that is a key partner with Greater Lakes on several housing initiatives, including the HUD funded Housing First. MDC also contracts with Greater Lakes through the Healthcare for the Homeless Program to provide

medication assessments, and prescriptive and case management services. Pierce County's Detox Program is also operated by MDC.

Department of Corrections provides referrals to the PATH program and helps those referred individuals get funding.

In the first year of Greater Lakes' PATH program the Boeing Employees Community Fund provided full funding (over \$20,000) for a mini-van for use by PATH therapists in providing outreaches and transportation to homeless individuals.

Community Health Care (CHC) provides no cost or low cost medical and dental care. There are four CHC clinics in the Greater Lakes catchment area.

Reflections is a licensed Chemical Dependency Treatment program that has recently become a business affiliate of Greater Lakes. Homeless clients will be referred to Reflections for treatment utilizing existing funding for indigent persons. Reflections and PATH staff will also participate in cross trainings to improve each organization's ability to serve substance abusing, homeless clients.

Crisis Triage Center (CTC) is utilized for short placements for homeless clients in psychiatric crises. Additionally the CTC makes referrals to PATH staff on homeless clients referred to them.

In the coming year a working relationship will be developed with Lakewood Area Shelter Association (LASA), which works primarily with homeless families providing transitional and emergency housing. This will allow for cross referrals and may provide an opportunity to share resources.

d. gaps in current service systems;

Housing – There is an inadequate supply of affordable and subsidized housing for homeless clients who are mentally ill and actively abusing substances. This problem becomes even more challenging if the client also has a felony background, as most of these people are unable to pass the eligibility screenings required by landlords.

Response: At about the same time that Greater Lakes was selected as a new PATH provider, the agency was also notified that it was a successful applicant to receive HUD Housing First funding. We currently have 15 Housing First apartments supervised by Greater Lakes, and also have access to some of the 15 Housing First units supervised by Metropolitan Development Council, our collaborative partner in this HUD funded project. An additional eight units will be added to our current 15 by the end of April.

Although we have made 45 referrals of PATH clients to our Housing First apartments, all but 17 of those have been screened out by landlords because of a felony in the client's background. As a way to counteract that problem Greater Lakes has made application for additional HUD funding that will allow us to purchase or construct agency-owned apartments. We were rated #1 on the Continuum of Care's priority list and received \$400,000 as the first step toward this goal, and are

actively working on submission of additional grants to fund the remainder of the project. Additionally the PATH staff continue to provide education to current landlords, helping them distinguish between individuals with felonies that would pose a risk versus those whose behavior is at minimal risk because of behavioral changes and supports that have been put into place for them.

Supplies -- It is helpful to have supplies available to meet client needs. These items include clothing, socks, tarps, shoes, wet and cold weather gear, and hygiene supplies. There is no regular source of funding to purchase these items and requests for donations have not kept up with need. Response : We requested, and have received approval, to use \$1000 of unexpended PATH funds from 2005 to purchase supplies for clients.

Funding restrictions for non Medicaid clients – changes and restrictions in the use of Medicaid funding have eliminated the ability to provide mental health services to PATH clients unless they currently receive Medicaid. It is difficult to help clients get their mental health symptoms under control when they don't have access to ongoing mental health and prescriptive services.

Response: PATH staff attempt to connect clients with community services whenever possible. Greater Lakes currently provides prescriptive and case management services through a contract with the Healthcare for the Homeless program; clients willing to participate are assessed and followed as needed. PATH staff also connect eligible clients to Social Security and for medical, psychiatric and dental services through Community Health Care. Most importantly the PATH staff screens all willing clients for Medicaid eligibility and assists them in completing required paperwork and following up on appointments.

Lack of homeless shelters and camping areas in catchment area - There are no community supported shelters for individual adults in the communities served by the Greater Lakes PATH team and unapproved camping areas are regularly closed by law enforcement.

Response: PATH staff are working to establish dialog with local law enforcement to determine the best way to meet both the city's needs and the needs of the homeless who have a presence in the community. This will also be raised as an issue at the Homeless Coalition meetings.

Lack of coordination of efforts between mental health and local law enforcement to address issues related to the homeless mentally ill population.

Response: An idea that arose from the Greater Lakes' PATH Advisory Committee is to develop a relationship with local law enforcement that will result in a working plan to address these issues. The first step is to provide education to the police on what PATH is and the services provided through the program. The team will invite a community services officer (CSO) to go out on an outreach with them so he can become familiar with the population and the services offered to them, and will then be in a position to make recommendations of how to work collaboratively to address the growing issue of homelessness in the area. PATH staff will also attend CSO meetings to do general education for the group and to develop good working relationships with them.

- e. services available for clients who have both a serious mental illness and substance use disorder;

Greater Lakes Mental Healthcare operates from the assumption that every adult requesting services has both a mental illness and a substance use disorder. For homeless individuals who have not voluntarily sought out services, it is even more common that both diagnoses are present. Our philosophical approach stems from the belief that both are primary illnesses and each needs treatment from a compassionate professional who has the capacity to see the whole person in all their hope and distress. One hundred percent of the adult and older adult case managers and residential staff, including the members of the PATH team, have training in methods to assess and address substance use disorders in individuals who also suffer from a mental illness. Those who need inpatient treatment or who have very complex chemical dependency treatment needs are often referred to adjunct treatment by a specialist, but we continue to serve them at Greater Lakes as well.

Because the PATH program is closely linked with the Adult, Elder and Residential program and Crisis Intervention Services, this allows for flexibility to meet the most intensive needs presented by the clients. The program also has direct access to Housing First apartments if a client is willing to move to safe housing and can pass the required background screenings. In addition to these internal programs, the PATH team does whatever possible to help clients become eligible for Social Security or Medicaid, and when funded, a range of services is available to help them work through their co-occurring issues, including programs provided by ADATSA. Staff also utilize referrals to Detox or the Sobering Center as appropriate to the situation and the willingness of the client.

In recent months Greater Lakes has developed a business affiliation with Reflections, a licensed Chemical Dependency Treatment program. This relationship offers new options for serving individuals with chemical dependency issues as Reflections has funding available to serve the indigent population. It is expected that in the coming year the PATH staff will provide training to Reflections staff that will help them understand PATH services so the two programs can coordinate in serving the homeless population. We also expect to receive training for PATH staff from Reflections on the most effective ways to provide interventions with intoxicated people, how to access Reflections services, who is appropriate for treatment, and how/when to access inpatient treatment.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Greater Lakes has a HUD contract for 15 Housing First beds, and access to another 15 through collaboration with MDC. We'll also add another eight Housing First beds by late April. If the client has Medicaid or we're able to assist them to become eligible, they can then be enrolled in RSN services and have access to numerous HUD housing options through Greater Lakes controlled beds, as well as to a continuum of residential options that range from ARTF (Adult Residential Treatment Facilities) to independent housing.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Greater Lakes staff actively participates in the Pierce County Continuum of Care and Homeless Coalition meetings, with representation provided by the Manager of the PATH program and the Vice-President of Clinical Services. The VP of Clinical Services also serves on the Steering Committee for the Continuum of Care, and PATH team members attend both meetings as their schedules allow. Participation in these meetings has been critical in the development of active partnerships for grant applications which have subsequently allowed us to expand our agency's housing options. These meetings also provide education for the community on how our agency is addressing the issue of homelessness in our catchment area, provides valuable opportunities for coordination with law enforcement and the Veterans Hospital, and gives us a forum to learn about community housing resources from other providers, particularly about resources for segments of the population not typically served by our organization such as children

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

Greater Lakes Mental Healthcare is located in Lakewood, WA and serves the Southwest part of Pierce County, including Lakewood, Parkland, Spanaway, Roy, Steilacoom, Fort Lewis, McChord Air Force Base, and University Place. With a population of approximately 170,000 persons (2000 census), this represents nearly a quarter of Pierce County's population. The area is widely divergent in terms of socioeconomic status, from pockets of the wealthiest persons in the County, to large areas of the poorest in the County, particularly in sections of Lakewood, Parkland, and Spanaway. Lakewood, Parkland and Spanaway are also more ethnically diverse than Pierce County as a whole, as described in the chart below (2000 census):

Ethnicity	Pierce County	Lakewood	Spanaway	Parkland
White	78%	64.82%	71.13%	73.91%
Black/African. Am.	6%	12.25%	9.11%	8.07%
Am. Indian-Alaska native	1%	1.55%	1.61%	1.04%
Asian	5%	8.95%	6.34%	6.64%
Pacific Islander	<1%	1.84%	2.12%	1.81%
2 or more races	5%	3%	3%	3%
Some other race	2%	3.55%	2.15%	2.06%
Hispanic or Latino of any race	6%	8.49%	5.49%	5.33%

The 2005 Pierce County homeless count indicated that 152 people were homeless in the Greater Lakes catchment area, with hundreds more at imminent risk of homelessness. (Unfortunately information from the 2006 Homeless Count is not available at this writing.)

Those who work with homeless individuals regularly have indicated that these numbers seem low in comparison to the problems they see in our community, and it is hoped that this year's count will be more reflective of the true depth of the problem.

Greater Lakes has made a concerted effort to recruit staff that are reflective of target populations, with current staff including an African American male and a Caucasian female. In addition, PATH staff have access to a range of specialists to provide consultation on age, cultural and disability issues.

Greater Lakes has an extensive program to enhance the cultural competence of its staff, and PATH funded staff are required to participate in the program. Our educational program for "Cultural Issues in Mental Health Treatment" has the following objectives:

- Identification of the major racial and ethnic groups in the United States
- How cultural differences impact coping styles
- Culturally specific psychiatric syndromes or idioms of distress
- Epidemiology and utilization of mental health services among the major racial/ethnic groups
- Barriers to treatment for minority groups
- How ethnic and cultural influences can alter an individual's response to medication

Greater Lakes uses Patricia Deegan's Intentional Care Standards to guide our interactions with clients at all levels. It enhances the ability to recognize the basic difference between clients and professional staff as merely role differences. This, in turn, enhances our ability to engage every client with the dignity and respect to which they have a right.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See Appendix I.)

Greater Lakes has established a PATH Advisory Board that meets quarterly to provide input and guidance to the ongoing development of the program. It is expected that the Board members will also serve as "Ambassadors" for the homeless in our community and for efforts of community providers to meet their needs. We expect to utilize the Advisory Board to help with community education about the PATH program and the issues around homelessness, and especially to elicit their input on how to deliver services that are effective and efficient.

The Advisory Board is currently comprised of representatives from the Regional Support Network, the Veterans Administration Hospital, local law enforcement, the Chairperson of the Continuum of Care, and the Department of Corrections. Additional members will be invited representing Lakewood Area Shelter Association, and one or two consumers or their family members.

**Washington State PATH Application 2006
Pierce RSN -- Greater Lakes MHC**

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$31,880.00	\$7,970.00			\$39,850.00
b. Fringe Benefits	\$9,520.00	\$2,435.00			\$11,955.00
c. Travel		\$6,940.00			\$6,940.00
d. Equipment	\$250.00				\$250.00
e. Supplies	\$600.00	\$530.00			\$1,130.00
f. Contractual					\$0.00
g. Construction					\$0.00
h. Other		\$1,435.00			\$1,435.00
i. Total Direct Charges (sum of 6a - 6h)	\$42,250.00	\$19,310.00			\$61,560.00
j. Indirect Charges		\$10,380.00			\$10,380.00
k. TOTAL (sum of 6i and 6j)	\$42,250.00	\$29,690.00			\$71,940.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:					
22. Indirect Charges:					
23. Remarks					

Washington State PATH Application 2006

Budget Narrative for 424A, Section B Greater Lakes Mental Healthcare

Personnel

<u>Position</u>	<u>Annual Salary</u>	<u>FTE</u>	<u>PATH-funded</u>	<u>Match</u>	<u>Total</u>
			80%	20%	
Team Leader	\$46,475.00	.2	\$ 7,436.00	\$1,859.00	
Case Manager	\$40,805.00	.4	\$13,058.00	\$3,264.00	
Case Manager	\$35,582.50	.4	\$11,386.00	\$2,847.00	
Enter subtotal on 424A, Section B, 6.a.					\$39,850.00

Fringe Benefits

			80%	20%	
Roughly 30% (a little less due to rounding)			\$9,520.00	\$2,435.00	
Enter subtotal on 424A, Section B, 6.b.					\$11,955.00

*Personnel and Fringe Benefits are matched at 20% of PATH payroll.

Travel

Path Van expenses:					
Depreciation				\$2,957.00	
Auto Insurance				\$2,543.00	
Maintenance and Repair				\$1,440.00	
Enter subtotal on 424A, Section B 6.c.					\$6,940.00

Equipment

Palm Equipment			\$250.00		
Enter subtotal on 424A, Section B 6.d.					\$250.00

Supplies

Client Related Supplies			\$600.00		
Office Supplies					\$530.00
Enter subtotal on 424A, Section B 6.e.					\$1,130.00

**Budget Narrative for 424A, Section B
Greater Lakes Mental Healthcare**

	<u>PATH-funded</u>	<u>Match</u>	<u>Total</u>
Contractual			
Palm Pilot data collection project			
Enter subtotal on 424A, Section B 6.f.			
Other			
Liability Insurance	\$1,075.00		
Staff Training	\$ 72.00		
Telecommunications	\$ 222.00		
Professional Services Benefits		\$ 66.00	
Sub-total			\$1,435.00
Total Direct Charges)			
	\$42,250		\$19,310.00
Indirect Costs			
Accounting services, secretarial support, information services	\$ 6,480.00		
QI, medical records	\$ 3,900.00		
Enter subtotal on 424A, Section B, 6.j.		\$10,380.00	
Total –			
	\$42,250.00	\$29,690.00	



HUMAN SERVICES DEPARTMENT

RON BLAKE

Director

1952 Ninth Ave. - Longview, WA 98632-4045

Phone (360) 501-1212 • FAX (360) 501-1207

E-mail: blaker@co.cowlitz.wa.us

April 13, 2006

HANK BALDERRAMA
DSHS - MHD
P O BOX 45320
OLYMPIA, WA 98504

Dear Hank,

Enclosed, please find an application from Southwest Regional Support Network for Projects for Assistance in Transition from Homelessness (PATH) Grant. I have enclosed a completed SF 424 budget detailing itemized line items that display the request for federal funds and local match. Southwest RSN agrees to contribute non-federal match of federal funds in the amount of \$15,573. Local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet match requirements.

Thank you for this opportunity to help the homeless in Cowlitz County.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ron Blake".

Ron Blake
SWRSN Administrator

Section C: Local Provider Intended Use Plans
Southwest RSN - Lower Columbia Mental Health

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Southwest Regional Support Network will receive the PATH funds from the State. PATH services will be provided through a contract with Lower Columbia Mental Health Center, a private, nonprofit community mental health center that serves Cowlitz County, Washington. The PATH funds will be used to serve homeless persons in Cowlitz County.

2. Indicate the amount of federal PATH funds the organization will receive.

Southwest Regional Support Network is asking for \$45,803 in PATH funds. This amount will be matched with \$15,573 in local funds.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. the projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

For the fiscal year 2006, we anticipate contacting 1,500 clients, or 80% of our County's homeless population. We will enroll 135 people in PATH services. One hundred percent of the people we serve shall be "literally" homeless.

- b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

Cowlitz County's PATH services will assist homeless individuals with one or more of the following services:

- Outreach services to homeless individuals at social service agencies, shelters and on the streets
- Screening and diagnosis
- Mental health and chemical dependency screening
- Mental health assessment and treatment
- Alcohol or drug treatment services
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services
- Referrals for benefits, primary health care, job training, educational and relevant housing services, subject to the restrictions noted in the PATH application
- Supportive and supervisory services in residential settings

- Case management, including assisting individuals with access to all of above by encouraging, facilitating, brokering, transporting, and otherwise making it possible for them to access all services for which they are eligible
 - Housing services, including:
 - Planning of housing
 - Technical assistance in applying for housing assistance
 - Improving the coordination of housing services
 - Security deposits
 - Matching eligible homeless individuals with appropriate housing situations
 - One-time rental payments to prevent eviction
- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to I eligible clients and describe the coordination with those organizations;

Lower Columbia Mental Health Center I worker will assist homeless persons in obtaining all services for which they qualify. Through the I program, Lower Columbia Mental Health Center will work actively in Cowlitz County to reduce barriers to service and advocate for all homeless persons. The agency will also work actively to develop housing options, which support the specific needs of homeless individuals suffering from a severe mental illness. In addition, the I worker will obtain referrals from, make referrals to, and work collaboratively with organizations that are not supported by I funds directly, but that do provide services and housing to I-eligible clients. These include but are not limited to:

- Community House on Broadway: a homeless shelter providing temporary shelter, food and case management
- Emergency Support Shelter: a homeless shelter primarily for victims of domestic violence
- Peace Health Saint John Medical Center: a medical hospital, including an emergency department, psychiatric inpatient unit and outpatient behavioral health services to low income people
- Drug Abuse Prevention Center: a substance abuse treatment program, with inpatient and outpatient services
- Providence Addictions Recover Center: an outpatient substance abuse treatment program
- Ethnic Support Council: provides resources to help non-English speaking residents access the community and its resources
- Law Enforcement: provide community safety, and also a vast knowledge of the whereabouts of homeless people in our community
- Veterans Administration, American Legion and other programs serving veterans: medical and behavioral health services for veterans
- Salvation Army: provides daily meals for homeless people
- Emergency Mental Health Services: 24 hour psychiatric crisis response service by outreach or office session
- State of Washington, Department of Social and Health Services: provides medical, dental, food and residential benefits for Washington residents

- Longview and Kelso Housing Authorities: provide low-income and housing options
- Community Action Program: provides meals, employment, case management, and education services for Cowlitz County citizens
- Work First: provides employment assistance and job availability for unemployed people
- FISH and other local food banks: provide food and some medication assistance

d. gaps in current service systems;

The primary gaps faced by I eligible clients in Cowlitz County are:

- In interviews with homeless people and shelter staff in our community, the most prominent gap they identify is a lack of information about benefits and employment/education support.
- Shelter staff have a lack of outreach and case management services to engage and support homeless persons. We understand the comprehensive community resources, but lack the staff to assist homeless persons in access the resources.
- Cowlitz County has a shortage of affordable housing, which specifically supports a mentally ill, or otherwise compromised, person in maintaining their housing.

e. services available for clients who have both a serious mental illness and substance use disorder;

Lower Columbia Mental Health Center provides psychiatric medication, therapy and case management for persons with co-occurring disorders (COD). Peace Health's Center for Behavioral Solutions provides similar mental health treatment services. Lower Columbia Mental Health Center has a COD counselor, whose primary job is to assess and treat CODs, as well as collaborate on each case with the appropriate substance abuse provider. Our services are provided under a mental health license.

We work extremely closely with the two substance abuse treatment providers in town: Drug Abuse Prevention Center and Providence Addictions Recovery Center. Our goal is to provide integrated behavioral health treatment. To this end, Lower Columbia Mental Health Center, Drug Abuse Prevention Center and Family Health Center, are exploring combining our agencies to provide a comprehensive, integrated approach to health care.

The I worker will be trained in both mental health and substance abuse counseling as well as case management, and will be able to assess the clients' needs on an individual basis. The worker will be familiar with available mental health and substance abuse treatment services and will establish liaisons with each service. The I worker will be able to triage the treatment needs of the client, including crisis situations and motivation to change, and coordinate services as appropriate. If the individual is already engaged in treatment services, the I worker will be able to provide collaborative support. If the individual is not in services, support in accessing treatment will be provided if the individual so chooses. In any case, the worker will advocate for the client and

coordinate with other agencies and individuals to provide for the client's individual needs and best interests.

- f. strategies for making suitable housing available to I clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

The I worker will meet with individuals at shelters and through community outreach to homeless individuals living on the streets, in campgrounds, and other locations. We will provide individual and group assistance in accessing funding, applying for subsidy programs, and completing Section 8 and other housing applications. Depending on the individual's needs, the I worker will assist individuals in locating housing by identifying consumer-friendly landlords, accompanying the individual when applying for assistance, filling out and submitting rental applications, and other tasks that will help overcome barriers to suitable housing.

Lower Columbia Mental Health Center will serve on the Longview Mayor's Homeless Task Force, the Cowlitz County Continuum of Care Planning Committee and the Cowlitz County Housing Committee, all of which directly seek to provide housing and other services for homeless persons. Lower Columbia Mental Health Center will actively seek additional collaborative partnerships to develop suitable housing for the homeless. The agency will specifically address housing development for homeless individuals with mental illness or co-occurring disorders as a goal on the agency's strategic business plan.

In September 2004 Common Ground, a housing development specialty agency based in Seattle, met with leaders of Cowlitz County to develop a plan to end homelessness. Social service leaders, Chiefs of Police and government leaders were in attendance. The level of attendees shows the positive commitment by Cowlitz County leaders to end homelessness. The Mental Health Division sponsored the consultation. The ideas developed in that day have remained in the minds of attendees, as many people are now talking about the use of "housing first" concepts.

4. Describe the participation of I local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Through the development of collaborative relationships with community organizations such as those listed in Question "3C" above, the I staff person will (1) receive referrals from these agencies, (2) refer I clients to these agencies, and (3) provide active advocacy and follow-up to ensure coordination of care. When an individual is identified as homeless, the I worker will provide outreach and case management services to engage the individual, to address their immediate housing and treatment needs, as well as to assist them in obtaining other resources such as entitlements and vocational counseling. The I worker will coordinate care with other agencies, obtaining releases of information when necessary.

Through ongoing participation in Cowlitz County's Continuum of Care meetings, we will remain informed of, and be able to inform other participating agencies of, any opportunities to improve client outreach and care. Beyond the Continuum of Care group, the I worker will actively develop partnerships, which seek to end homelessness. Lower Columbia Mental Health Center, and the I worker, will be seen as community leaders in advocacy for ending homelessness.

In addition to the Mayor's Task Force, Cowlitz County also has a HUD Continuum of Care Plan Committee, which operates as part of the Balance of Washington State Continuum. The Continuum of Care Committee consists of social service organizations, government and other interested persons working in concert to plan and carry out activities serving the homeless and those at risk of homelessness.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "I Guidelines for Cultural Competence.")

Cowlitz County is facing a crisis with its homeless population. According to the Department of Social and Health Services' report, *The Prevalence of Serious Mental Illness in Washington State*, and 2000 census data, Cowlitz County has the 3rd highest per capita homeless population in the State of Washington. Of Washington Counties, Cowlitz is estimated to have the 7th highest total population of homeless persons, and 7th highest total population of homeless persons with severe mental illness. Cowlitz has 1,864 homeless persons (396 children, 1,468 adults, estimated 604 with severe mental illness).

Community House on Broadway is the only homeless shelter in Cowlitz County and has 48 rooms available. In 2004, the Community House consistently accommodated homeless people on an overflow status, with need exceeding available room space. This overflow situation is far worse than prior years.

Here are some other issues setting Cowlitz County apart (based on 2004 data):

- Cowlitz County leads the State of Washington in unemployment, which is largely recognized as a primary reason for our increase in homelessness.
- The percent of population in Cowlitz County living in poverty is above the Washington State and U.S. average.
- 16% of Cowlitz County's population does not have insurance, compared with 13% in the State.

Longview is the largest city in Cowlitz County and has the largest concentration of homeless persons. The Longview Mayor has established a task force to address the City's homeless crisis. The Mayor's Homeless Task Force includes members of social services, law enforcement, and the business community. Longview has seen its

homeless numbers increase steadily and its only homeless shelter bursting at the seams like never before.

Cowlitz County has approximately 96,000 residents. We have 4% fewer high school graduates than the state average, and less than half the state average of people having bachelor's degrees. The state average of persons below poverty is 10.6%, while Cowlitz County stands at 14%. Our median income is roughly \$6,000 less than the state average of \$45,776.

Cowlitz County's population ethnicity:

White persons	91.8%
Black or African American persons	0.5%
American Indian and Alaska Native persons	1.5%
Asian persons	1.3%
Native Hawaiian and Other Pacific Islander	0.1%
Persons reporting some other race	2.1%
Persons reporting two or more races	2.6%

Persons of Hispanic or Latino origin	4.6%
White persons, not of Hispanic/Latino origin	89.9%

Lower Columbia Mental Health Center has several mental health specialists on staff (Child and Older Adult). In addition, the agency contracts with, and staff receive consultations from minority mental health specialists (Developmental Disabilities, African American, Native American, Southeast Asian, Deaf, Alternative Lifestyles and many other cultures) whenever we serve clients from those populations. Interpreters are available for all languages of existing populations in Cowlitz County, as well as many more. According to agency policy and procedure, all staff are trained at least yearly to provide services that are age, gender and culturally sensitive. We maintain a close working relationship with the Ethnic Support Council in our area.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of I-funded services. Also, are persons who are I-eligible employed as staff or as volunteers? Do persons who are I-eligible serve on governing or formal advisory boards? (See Appendix I.)

We seek the direct input of our homeless citizens in developing the I services. However, we do not currently employ I eligible persons.

Lower Columbia Mental Health Center subscribes to a culture of continuous quality improvement, which includes client voice. We are partners in care with our clients. To operationalize our commitment to consumer voice, our Board of Directors has a position filled by a consumer and our policies and procedures governing our care require inclusion of consumer voice. Client input is noted on all treatment plans, and clients are asked to sign their treatment plans. If awarded a I grant, we will include consumers directly in the

development and ongoing quality assurance of our program through surveys and direct discussion depending on the comfort level of the clients.

With 100% compliance, we inform every client of their rights under the law to treatment, confidentiality and non-discrimination and gain the clients' consent for services.

The agency views families as valuable supports and routinely encourages individuals to involve family and/or other social support in their treatment. Releases of Confidential Information are required before communicating with agencies or individuals, so involvement is with full permission of the client. Clients who are disenfranchised from their families are encouraged to engage the support of their social families. The I worker will act in accordance to the client's wishes to involve the family in identifying strengths, financial or other needs and housing possibilities.

**Washington State I Application 2006
Southwest RSN – Lower Columbia MHC**

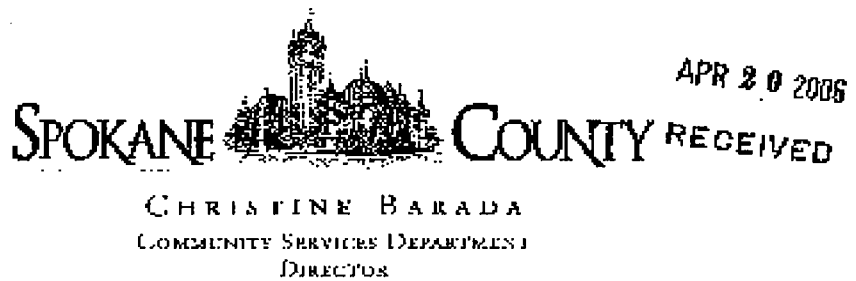
SECTION A – BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B – BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) I Funds	(2) Match	(3)	(4)	
a. Personnel		\$31,000.00				\$31,000.00
b. Fringe Benefits		\$7,750.00	\$1,853.00			\$9,603.00
c. Travel		\$1,910.00				\$1,910.00
d. Equipment		\$250.00				\$250.00
e. Supplies						\$0.00
f. Contractual		\$3,553.00				\$3,553.00
g. Construction						\$0.00
h. Other			\$7,165.00			\$7,165.00
i. Total Direct Charges (sum of 6a – 6h)		\$44,463.00	\$9,018.00			
j. Indirect Charges		\$1,340.00	\$6,555.00			
k. TOTAL (sum of 6i and 6j)		\$45,803.00	\$15,573.00			
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				(e) Fourth
	(b) First	(c) Second	(d) Third		
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	22. Indirect Charges:				
23. Remarks					

PATH 2006 Budget Narrative

Single Provider

a.	Personnel <u>Position</u>	<u>Annual</u> <u>Salary</u>	<u>FTE</u>	<u>PATH-Funded</u>	<u>PATH-Funded</u>	<u>Match-Funded</u>	<u>Total</u>
	Caseworker	\$31,000.00	1.0	\$31,000.00			\$31,000.00
b.	Fringe Benefits			\$ 7,750.00	\$ 1,853.00		\$ 9,603.00
c.	Travel (gas and van maintenance)			\$ 1,910.00			\$ 1,910.00
d.	Palm pilot equipment (2 units)			\$ 250.00			\$ 250.00
e.	Supplies			\$			
f.	Northwest Resources Assc. Collection services			\$ 3,553.00			\$ 3,553.00
g.	Construction			\$			
h.	Other (Housing Services, tech. asst., mental & physical health program services, emergency housing.)			\$	\$ 7,165.00		\$ 7,165.00
j.	Indirect Charges (Provider & RSN admin . Meetings and Overhead)			\$ 1,340.00	\$ 6,555.00		\$ 7,895.00
k.	Total			\$45,803.00	\$15,573.00		\$61,376.00



Washington State PATH Application 2006
Spokane County RSN

COVER LETTER

April 14, 2006

Attached is the completed application for FY 2006 for the PATH (Projects for Transition from Homelessness) contract from the Spokane County RSN (Regional Support Network). We have included all required information and have already designated Spokane Mental Health as the service provider agency here in our community.

We are to receive a total of Ninety-nine thousand, Two Hundred and Twenty-Two Dollars (\$99,222.00) in Federal funds for this services period. The responsibility for matching funds will be shared by the provider agency and the RSN, but Spokane County RSN assures at least a 1 : 3 match of funding dollars for the program from the very beginning, with a projected total of Non-Federal dollars of Thirty-three thousand, Seven Hundred and Thirty-six Dollars (\$33,736.00).

Sincerely,

Erik Goddard, COD Planner
Spokane County Community Services

Section C: Local Provider Intended Use Plans
Spokane RSN - Spokane Mental Health

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Spokane County Regional Support Network (RSN) will be the primary recipient of PATH funds. The RSN is a governmental agency operating within the Spokane County Community Services Department which funds and provides oversight for public mental health services throughout Spokane County. As in past years, the RSN will contract with an experienced local provider to provide services to homeless individuals as prescribed by the requirements of the PATH contract.

In continuation of last year's procurement process, we again will be working with Spokane Mental Health (SMH) to provide services designated by this agreement. SMH is a nonprofit organization governed by a volunteer Board of Directors, which has provided a wide range of mental health services to Spokane County residents for over 30 years. SMH provides accessible, diverse, culturally appropriate, quality, professionally delivered mental health services with clinical staff which meet state regulation (WAC) requirements.

2. Indicate the amount of federal PATH funds the organization will receive.

A total of \$99,222, (\$91,138 base funding, \$7709 Palm Pilot data support contract with NW Resource Associates, and \$375 for Palm Pilot equipment.)

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. The projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness")

For Fiscal Year 2005, the PATH program and the Homeless Outreach Program served 1042 consumers and we enrolled 327 consumers as PATH clients. The previous year we reported 929 clients enrolled in the PATH program. Several factors resulted in a reduction in enrolled PATH clients. First, discussions with our State contact resulted in clarification regarding when to enroll a homeless individual. For Fiscal Year 2005, potentially eligible homeless person were less likely to be enrolled at first contact. Workers waited until a relationship had been established and a plan for services formulated. We found that many potential eligible consumers initially contacted did not remain in the area and consequently were not enrolled. Another significant factor was staff vacancy. The team was unable to recruit a chemical dependency professional to fill that vacancy for almost 6 months.

We are projecting a total of 400 enrolled consumers who will be served by this contract in 2006. Over the years this PATH program as compared to others around the State has served a relatively large number of consumers. The number of consumers continues to be relatively high as compared to some other programs. However, as expected, the number of enrolled consumers has declined, as compared to the 2004 Annual PATH Report. The implementation of charting requirements, increased time working with Northwest Resource Associates to reconcile data and ensure accurate results, the provision of more intensive services, and as discussed, the change in has impacted our ability to serve larger numbers of homeless consumers. We are, though confident that our data reporting is now more accurate.

Consistent with last years data, we project that 90-95% of the persons we serve are literally homeless at the time of first contact and 5 -10% are at immanent risk of homelessness i.e., "couch surfing", received eviction notices, at the time limit of transitional living etc.

- b. List services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

Outreach and Engagement: Outreach and engagement is conducted by both the PATH and Homeless Teams to initiate, develop, and maintain relationships with homeless individuals while meeting immediate needs, offering basic survival services and assisting with transition into housing and other services that attend to other long-term needs of the individuals we serve. The Teams meet individuals "on their own turf" to develop trust and rapport. Flexible, proactive, low-demand services are offered to accommodate individuals who initially are unwilling to engage in more extended care. These activities generally occur in the field, at locations such as shelters or meal sites, and parks and campsites. Services include providing emergency food and clothing or linkage to medical care, substance detoxification, domestic violence shelters, and assessment for voluntary or involuntary mental health intervention. Collaboration with other community agencies is utilized to offer a continuum of services and to address the presenting needs of mentally ill and/or chemically addicted homeless persons, depending on the current level of readiness for treatment, understanding of their illness, level of symptom acuity, cognitive ability and skill level in managing their illnesses. Team members help homeless individuals and families move from early identification and engagement services to more intensive, acute services, rehabilitative, and brief or supportive services.

Screening and Diagnosis: Team members assess the homeless individual clinical and social needs and formulate diagnostic impressions that help to determine appropriate referrals to clinical services. Ongoing assessments are used to respond to the consumer's unique and changing needs and circumstances. A plan is developed in cooperation with the homeless individual, the individual's family, if involved, and others in the community to collaborate on strategies to address the individual's needs. Team members coordinate with other agencies on transition plans to ensure implementation of strategies and avoid gaps in care.

Community agencies rely on the PATH/Homeless Team to respond to disruptive and symptomatic consumers. Timely responses by the PATH team reduce the burden on Law Enforcement and Crisis Response Services, and generally result in better and less costly outcomes for consumers and community partners.

Referrals for Benefits and Health Care: A high number of individuals contacted through outreach have the most severe disorders, have limited access to health care and are often the most reluctant to accept treatment. Team members report that these homeless individuals often engage in behaviors that put their health at risk and living on the streets makes it difficult for homeless people to receive appropriate care. Outreach Staff provide a consistent, caring personal approach in an effort to engage people who are homeless and assist with getting needed benefits and health care. Team members cultivate strong relationships with local health care providers and DSHS staff who are able to provide this population with health care and entitlement services. The team also develops a high degree of knowledge and skills in providing direct help filling out paperwork, navigating through the sometimes complicated eligibility requirements.

Mental Health Treatment: Staff cultivates relationships with local agencies that provide primary mental health and co-occurring services to improve accessibility for people who are homeless. PATH and Homeless Team members receive ongoing mental health training.

Alcohol and Drug Treatment: Spokane Addiction and Recovery Centers have provided the Outreach Team with a Chemical Dependency Professional (CDP). Through this partnership, a community mental health provider and a DASA certified substance abuse treatment agency, outreach staff are able to offer a broad range of expertise regarding assessment, information and referral services for co-occurring mental illness and substance abuse disorders to homeless individuals in our community.

Staff Training: Adequate assessment and referral of persons with serious mental illness or co-occurring disorders is made more difficult by the fact that shelter staff and other providers often lack training in mental health and/or co-occurring disorders. Team members are available to work with community shelter staff and other providers to offer support and education regarding mental illness and chemical dependency. Team members are also trained in the provision of culturally sensitive and competent services.

Case Management: The Team provides a full range of case management services including providing hands on assistance in obtaining income support services, housing assistance, obtaining and coordinating social and maintenance services, etc.

- c. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Spokane Valley Police Department and Spokane Police Department. We have proactively developed a relationship with local law enforcement to improve officer awareness of

homelessness and develop a collaborative response when officers are called to engage someone in our homeless community.

Churches and Community Centers. Various churches and community centers ask our staff to provide education and awareness training and to engage homeless individuals at their sites.

Wilton Apartments and Commercial Building. These two residential facilities have been added to our scheduled site visits where we provide follow up support to PATH clients who have recently been housed.

Spokane Homeless Coalition. Our team leader has been elected by the coalition to Chair the Outreach Committee. Team members also attend several other Homeless Coalition sub-committees to improve services for our homeless community.

Spokane Falls Community College. Our Team Leader participates on the Advisory Board for the Humanities Department. Her expertise in Homelessness and Mental Health is valuable in curriculum development.

Department of Corrections. We provide education and awareness training to DOC staff and encourage collaborative interventions for homeless persons involved with corrections.

d. gaps in current service systems;

Individuals released from chemical dependency inpatient treatment often do not have adequate follow-up care. Outpatient treatment is often not immediately available due to capacity issues. While on a waiting list for outpatient treatment, consumers are not eligible for ADATSA funding and as a result remain homeless and without necessary support services. Under these circumstances the risk for relapse is very high.

PATH/Homeless team members make every effort to identify and provide support to individuals released from chemical dependency inpatient treatment who do not have adequate follow-up care.

Team members inform inpatient providers of the availability of outreach support from the PATH/Homeless program for individuals who have co-occurring disorders of mental illness and chemical dependency being released to homelessness. The team advocates for consumers directly with outpatient providers in an effort to minimize time waiting for outpatient treatment. Team members also try to connect these individuals with AA and other support groups that can help meet needs and support sobriety.

Safe housing is extremely limited for couples, persons between age 18 and 20, and domestic violence victims whose are abused by non-intimate partners.

PATH/Homeless team members have raised this issue at Continuum of Care and Spokane Homeless Coalition meetings. This is now one of the priority issues for the local Continuum of Care.

In an effort to increase affordable safe housing options for vulnerable citizens in our community, SMH is applying for the HUD Section 811 program. This program provides funding to develop rental housing with the availability of supportive services for very low-income adults with disabilities, and provides rent subsidies to help make them affordable. This allows persons with disabilities to live as independently as possible in the community by increasing the supply of rental housing with the availability of supportive services.

While this program is not being designed to exclusively serve the population identified in the above service gap, it would be a resource that could be used for these groups. To be eligible for this program a household which may consist of a single qualified person must be very low-income (within 50 percent of the median income for the area) and at least one member must be 18 years old or older and have a mental health disability.

SMH is also working with HUD, the City of Spokane, and the Spokane Housing authority on a Shelter Plus Care Program. The purpose of this program is to provide permanent housing in connection with supportive services to homeless persons with disabilities. Last March, this program started with 26 units and the City of Spokane responded to our success by asking us to manage another 26 units.

Healthcare and prescriptions for low-income or no income who are not enrolled in Medicare/Medicaid.

This is an ongoing problem and has been a focus of concern for Continuum of Care and other local provider meetings. The PATH/Homeless team assists people who meet PATH eligibility through the application and disability determination process for SSA disability benefits. The team recognizes that with access to SSI and/or SSDI benefits, an individual with serious mental illness who is homeless often can take the first steps to recovery.

The PATH/Homeless Team has established strong relationships with staff at the CHAS Clinic and the Christ Clinic to improve the referral process for PATH consumers. These are two local medical clinics that can provide healthcare and prescriptions to low-income or no income individuals who are not enrolled in Medicare/Medicaid.

- e. services available for clients who have both a serious mental illness and substance use disorder;

Spokane has experienced an increase in services available for people who have both a serious mental illness and a substance abuse disorder. We continue to have an active COD (Co-Occurring Disorders) Task Force which has been working for almost five years and is well into both the planning process and implementation of the Continuous, Comprehensive Integrated System of Care model (CCISC) designed by Ken Minkoff and Associates. We have established task teams that focus on identified components of treatment and recovery and have begun to address the tasks essential to achieve our objectives.

The overall goal is to develop a community-wide integrated system of care to address the needs of COD individuals. Task force members are service providers, sponsors, citizen volunteers and other stakeholders in the community who reflect cultural and social diversity. We are addressing the needs of individual clients, including those such as developmental disabilities, housing, employment and involvement with the criminal justice system.

Spokane County is the only county in Washington to receive a five year SAMHSA grant for Treatment for Homeless. We are utilizing those funds to develop and operate an Assertive Community Treatment Team which primarily will serve homeless, severely affected individuals with COD. That team is expected to interact and cooperate frequently and regularly with the PATH project staff.

PATH funds are used to contract with an agency certified by the state Division of Alcohol and Substance Abuse (DASA) for the services of a chemical dependency professional (CDP). This affords the PATH team a broader range of expertise to serve people with co-occurring mental illness and substance disorders who are homeless.

The CDP works with the PATH team to locate and engage people who are homeless and to offer them stabilization and transition services. The CDP also provides onsite alcohol and other drug use screening and education. Joint outreach efforts provide for other team members' education on the signs and symptoms of substance abuse and dependence among homeless mentally ill people.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Many landlords will not provide housing to members of the population we serve if those persons are not enrolled in a program that provides case management services. In some cases, we have been able to offer limited case management services for up to a year to ensure stable housing for persons who formerly were chronically homeless. This includes SROs, Shelter plus Care, and private apartments. We communicate weekly with housing providers to keep current on available units.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

As members of Spokane's Homeless Coalition, the PATH and HomelessTeams actively participate in Spokane's Continuum of Care planning process. The Homeless Coalition is a group of more than 40 organizations, agencies, and individuals representing for-profit, nonprofit, governmental and private interests as they pertain to the homeless.

Members of PATH Team attend the monthly Homeless Coalition meetings and special Continuum of Care meetings where ideas are shared, current resources are inventoried and strategies developed and adjusted to meet the needs of the homeless population in our

community. In addition to attending monthly Homeless Coalition Meetings, PATH and Homeless Team members serve on various sub-committees of the Coalition: Current Subcommittees include:

- § Inclement Weather Committee
- § Interagency Outreach Committee
- § Membership Committee
- § Spokane Housing Venture Housing Voucher Committee

Last year, in response to a “perceived” migration of homeless individuals from Spokane City limits to Spokane Valley as a result of a camping ordinance in Spokane City limits, the PATH and Homeless Teams added a regular outreach station to the Valley where homeless individuals can come to get help. In addition, the Teams have established a good working relationship with Valley law enforcement to serve the special needs of homeless individuals.

To increase permanent housing in Spokane in connection with supportive services to homes individuals with disabilities, Spokane Mental Health contracted with the City of Spokane Human Service department to develop a Tenant-Based Shelter Plus Care Rental Assistance Program for 26 units. Funding is through a federal program of the Continuum of Care Homeless Assistant Grant. March 1' 2006 marked the one year anniversary of this program. The City responded to our success by asking Spokane Mental Health to manage another 26 SPC units. The contract is nearly finalized and we are very excited to expand the SPC program and continue working with community partners to create more supportive housing opportunities for our most vulnerable citizens.

The PATH Team provides Spokane City Human Services department a contact log that includes the number of contacts made by the team and basic demographics and other basic information. PATH and the City of Spokane Human services department work together to provide a total and unduplicated count of homeless persons seen on a monthly basis. This information assists in the planning and delivery of services to the homeless population in Spokane County. The team also cooperate to track the number of consumers who need substance abuse and mental health services, the number of consumers who have been referred to services and the number of consumers who have been enrolled in services.

An advisory board was formed to provide routine evaluation of PATH Team and the Homeless Team to enhance communication among homeless service providers. The Board is made up of community homeless providers with diverse backgrounds and experience, who provide input and guidance on behalf of consumers, their families and the community regarding the efforts of the PATH Team. Members meet on a annual basis and have assisted in identifying outcome measures, compiling questions for a homeless survey, and discerning barriers for the Homeless in Spokane County. The meetings are open for discussion and feedback is encouraged.

Building community awareness of the homeless and their needs has become a key focus of the team. Ongoing involvement in the efforts of the Homeless Coalition and active input into the Continuum of Care planning are set priorities. Participation in related training and subsequent conduct of this same education with clients, agencies, and stakeholders has also become an important part of team activity.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

Although Spokane has growing populations of ethnic minorities, as a community we still have disproportionately low numbers of citizens who are African-American, Hispanic, and Asian compared to many other similar sized areas. Nonetheless, we remain committed to providing culturally appropriate mental health services to people of all ages in collaboration with community partners.

We recognize that members of the PATH Team and the SMH Homeless Team must be cognizant of differences that could pose possible barriers to effective and appropriate service delivery. To that end, one of our action items for this calendar year is to establish a Consumer Panel with representatives from each identified segment of the population, including recent immigrants which may not be categorized as ethnic minority persons. Spokane has, for example, a very large community of refugees who have come here over the last 10-15 years from the former Soviet Union.

Ensuring staff has the capacity to be sensitive to age gender, and racial difference of clients begins in the hiring process. Specific attitudes and characteristics are screened with carefully designed interview questions. Each member of the PATH Team and the SMH Homeless Team must demonstrate he or she possesses the core fundamental capacities of warmth, empathy and genuineness. Behaviors that are congruent with cultural competence can be learned, but underlying the behavior must be an attitudinal set of behavior skills. When these qualities are present, then we are confident that our staff have the core capacities and can learn further skills to exemplify cultural competence in a manner that recognizes, values and affirms cultural differences among their clients.

Once hired, there are a number of resources available to help Team members to recognize age, gender and racial/ethnic differences and develop service delivery models, which accommodate them. These include access to Multicultural Services and other skilled population specialists who can provide consultation, training, language interpretation, support and intervention. Bicultural/bilingual consultants can act as a bridge between ethnic communities and service providers. We also subcontract interpreter and referral services for people who speak other languages or who are deaf or have hearing impairments. Regular training is provided to ensure staff receives ongoing updates in cultural competence.

Cultural competence, however, requires more than sending staff to periodic trainings or consulting with specialists. We build awareness of these issues into the very fabric of our meetings, clinical discussions and team values. Because this competence begins with an awareness of one's own cultural beliefs and practices, team members are given opportunities during case staffings to explore their own beliefs and traditions that may underlie prejudgments or biases toward the way consumers think and behave. We believe cultural competence is rooted in respect, validation and openness towards someone with different social and cultural perceptions and expectations than our own.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Involvement of the consumer and family in program planning, implementation and evaluations is done through community meetings, visits to advocacy groups, and requests for comment on the effectiveness and appropriateness of our services from other homeless providers and the Homeless Advisory Group. Team members understand the importance of including consumer and family voice in service provision. It is critical that consumers and family members are central in the decision making process, and that planning, implementation, and evaluation of services should be a combined effort of the consumer, family and providers. With the consumer's authorization they contact available family members and arrange meetings with interested parties. Team members arrange meeting space, provide information, and support the consumers and family to initiate planning, implement action plans, evaluate problems and provide other services.

As part of the currently forming ACT service in Spokane, we are organizing an advisory group to oversee its activities and others providing services to homeless people. Part of the advisory group's functions will be to review PATH services.

Washington State PATH Application 2006 Spokane RSN -- Spokane Mental Health

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$32,832.00	\$2,417.00			\$35,249.00
b. Fringe Benefits	\$8,536.00	\$940.00			\$9,476.00
c. Travel	\$3,570.00				\$3,570.00
d. Equipment	\$375.00				\$375.00
e. Supplies	\$990.00				\$990.00
f. Contractual	\$37,109.00				\$37,109.00
g. Construction					\$0.00
h. Other	\$15,810.00	\$2,431.00			\$18,241.00
i. Total Direct Charges (sum of 6a - 6h)	\$99,222.00	\$27,948.00			\$105,010.00
j. Indirect Charges					\$0.00
k. TOTAL (sum of 6i and 6j)	\$99,222.00	\$33,736.00			\$105,010.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				(e) Fourth
	(b) First	(c) Second	(d) Third		
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-29)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks					

Washington State PATH Application FY 2006
Spokane County RSN

Budget Narrative – Program (For Oct 2006 – Sept 2007)

The following are the breakdowns and descriptions of the itemized Federal Program listings on the accompanying Budget Information form (SF 424)

Personnel	\$32,832	The combined expenditure pays for 1.0 FTE at the service provider to conduct program activities and to support the Outreach and linkage services to PATH consumers.
	<u>\$ 8,536</u>	
Subtotal:	\$41,368	
Contractual	\$37,109	These funds cover the purchase of Chemical Dependency Professional services from a local licensed substance abuse treatment agency, Spokane Addiction Recovery Center (SPARC). This purchased .75 FTE works closely with SMH mental health staff to provide outreach and linkage services to the program with a goal of 483 PATH eligible consumers. In addition the SPARC staff provides chemical dependency orientation, training and support appropriate under the PATH program for other staff and partners. Also included in this total is \$7,709 for Palm Pilot / data collection support services.
Travel	\$3,570	Used to cover the mileage reimbursement and related expenses of team members during program outreach and linkage efforts, as well as some expenses of team members and the PATH Clinical Manager to attend statewide meetings.
Equipment	\$375	For replacement of Palm Pilot equipment.
Supplies	\$990	General material and supply costs connected to the Program activity, including resource center operations.
Other	\$15,810	Funds targeted for training and discretionary expenditures to support client needs, i.e. rent and utility assistance, job training and search assistance. Also included are

telecommunication costs for team members and occupancy related costs for the Program- the following is a detail list of expenditures:

Communications: \$3,950

This category includes costs for postage, telephone and cell phone usage by the Outreach program.

Occupancy \$6,279

This category includes, rent for the Resource Center, Utilities, Janitorial Services, Outreach portion of Depreciation Costs, Repairs and Maintenance costs.

Discretionary \$3,500

These funds are used to support direct consumer needs for food, clothing, etc.

Staff Training \$1,558

Staff training materials, registration fees and travel directly related to training activities

Other \$523

Equipment Rental, Insurance, Printing for Resource promotional materials.

TOTAL \$99,222

Washington State PATH Application FY 2006
Spokane County RSN

Budget Narrative – Match (Oct 2006 – Sept 2007)

The following are the breakdowns and descriptions of the itemized Match Program listings on the accompanying Budget Information form (SF 424)

Personnel	\$2,417	RSN PATH related Program Administration staff salaries and wages
Benefits	\$940	RSN PATH related Program Administration staff benefits
Other	\$2,431	PATH operated Resource Center rent as donated to the PATH program by SPARC and is part of the required match and other occupancy costs. This category includes, rent for the Resource Center, Utilities, Janitorial Services, Outreach portion of Depreciation Costs, Repairs and Maintenance costs.
Indirect Costs	\$27,948	Indirect costs represent a portion of salary and wage expenses for PATH program supervision, HR, Payroll, Finance, IT and other Support staff to support operations of the program as well as benefits for these personnel. This also includes professional services that support the program operations including purchased payroll services, purchased computer consulting, audit and legal expenses. Travel costs related to the operational support of the Program are included in this category. Supplies used by operational support including paper, toner, pencils, etc. Other included indirect costs are general liability, professional liability, local taxes, communications, occupancy and similar related items.

TOTAL	\$33,736
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THURSTON COUNTY

WASHINGTON

SINCE 1892

COUNTY COMMISSIONERS

Cathy Wolfe
District One

Diane Oberquell
District Two

Robert N. Macleod
District Three

**PUBLIC HEALTH AND
SOCIAL SERVICES DEPARTMENT**

April 14, 2006

Sherri McDonald, RN, MPA,
Director
Diana T. Yu, MD, MSPH
Health Officer

Hank Balderrama
PATH
Mental Health Division
Olympia, WA

Dear Mr. Balderrama:

Thurston Mason Regional Support Network is applying to continue as contractor for the PATH program in this area. Services are subcontracted to Behavioral Health Resources (BHR) which is a licensed Community Mental Health Agency. All funds received for PATH will be provided to BHR along with the required match.

All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Thank you for this opportunity. We look forward to continuing to provide services for identified homeless persons who are present in our community.

Sincerely,

A handwritten signature in cursive script that reads "Mark Freedman".

Mark Freedman
Administrator
Thurston Mason Regional Support Network

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Section C: Local Provider Intended Use Plans

Thurston-Mason RSN - Behavioral Health Resources

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Thurston Mason Regional Support Network

Thurston Mason Regional Support Network (TMRSN) will contract with Behavioral Health Resources (BHR) which is a TMRSN contracted licensed Community Mental Health Agency (CMHA) to provide the direct PATH services.

TMRSN ensures the provision of quality and integrated mental health services for both Thurston and Mason counties served by the Prepaid Inpatient/Outpatient Health Plan (PIHP). TMRSN joins together with providers and consumers to enhance the community's mental health and to support recovery for people with mental illness served by TMRSN through high quality culturally competent services.

PATH Provider Agency

The provider organization to receive the PATH funds is Behavioral Health Resources (BHR) which has offices located in Olympia (Thurston County) and in Shelton (Mason County). BHR is a not-for-profit 501 C (3) organization, licensed by the state as a community mental health agency (CMHA). BHR coordinates services for individuals with numerous public and private partners, customers and clients.

BHR provides a full spectrum of outpatient mental health services including street outreach and engagement to homeless people with mental illness and co-occurring disorders, case management, therapy, psychiatric services, and a 24 hour emergency services program (including County-Designated Mental Health Professionals). BHR has approximately 325 employees and provided over 65,000 hours of service in fiscal year 2005.

Geographic Area

Although Thurston County contains the state capitol of Olympia, both Thurston and Mason counties are predominantly rural. The area is bordered on the east by Puget Sound and on the south and west by other rural Washington State counties. To the north of Mason is Kitsap County which is also a very rural county. To the north of Thurston County is Pierce County which is one of the most populated counties in the state.

Thurston County encompasses 727 square miles with a population in 2005 of 224,100 and a density of 308 people per square mile. The per capita income in 2005 was estimated to be \$31,343 per person. This figure is higher than in Mason County due, at least in part, to the income of state workers. Twelve percent of the people living in Thurston County receive Medical Assistance.

Thurston County has a substantial homeless problem. Many poor people live in substandard housing within the urban setting of Olympia and disbursed through the rural area. Capital

Forest, a large state forest area, is home to many homeless people who establish camps within its boundaries. In addition in 2005 there over 600 people identified as homeless.

Mason County encompasses 961 square miles with a population in 2005 of 51,900. It is quite rural with 54 people per square mile. The per capita income in 2005 was estimated to be \$23,689. A little over seventeen percent of the people living in Mason County receive Medical Assistance. Mason County has a substantial homeless problem. Many people live in substandard housing disbursed throughout the rural areas. The industrial base of Mason County has changed in recent years from an emphasis on forestry to other income sources.

The top four employment categories in both counties are government service (mainly at a state corrections facility for adult men), manufacturing, retail trade and services.

2. Indicate the amount of federal PATH funds the organization will receive.

TMRSN anticipates the receipt of \$45,803 in PATH funds and will supply a match of \$15,573, the total will be subcontracted to BHR.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. the projected number of clients who will receive PATH-funded services in FY 2006. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 11 for definition of "imminent risk of homelessness");

Behavioral Health Resources (BHR) expects to serve approximately 150 PATH clients. Of these, it is anticipated that 75% will meet the definition of "literally" homeless. These projections are based on the experience of BHR in providing outreach and engagement services on the streets and in the shelter of Thurston and Mason counties during the past two years.

- b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

- Outreach and engagement services
- Screening and diagnostic treatment services
- Community mental health services
- Alcohol or drug treatment services
- Staff training
- Case management services
- Referral for primary health services
- Housing services which includes planning of housing, technical assistance in applying for housing assistance, improving the coordination of housing services, security deposits, and one-time rental payments to prevent eviction, matching eligible homeless individuals with appropriate housing situations

Outreach and engagement services

The outreach worker will conduct outreach activities to identify homeless individuals with mental illness and/or co-occurring disorders. People who are mentally ill or have co-occurring disorders and who are at risk of homelessness also will be served.

Services will focus upon getting homeless individuals who appear to have mental health disorders and/or substance abuse problems into treatment services and to support them in applying for public financial benefits to support services.

Screening and diagnostic treatment services

The outreach worker conducts brief screening procedures with homeless individuals in order to identify the presence, severity and acuity of mental illness or other disorders. The worker will then refer and facilitate admission to treatment services.

Community mental health services

Admission to mental health services will be facilitated by the outreach worker. For people who are able to obtain Medicaid funding an intake appointment will be arranged with BHR intake staff. Recent changes in federal CMS interpretations and rules from the MHD have limited access to mental health services for people who are unable to obtain Medicaid funding. Individuals without Medicaid funding will be referred, when appropriate, for short term services from BHR's Crisis Resolution Services and/or to other providers in the community who can provide treatment for people with limited funds.

Alcohol or drug treatment services

Thurston County's Chemical Dependency Program of its Social Services Department, through a new grant project, is able to provide intensive case management for people who have substance abuse disorders. The PATH outreach worker will support individuals in applying for ADATSA (state funded substance abuse treatment) and make referrals to the new Thurston County intensive case management service.

Staff training

BHR staff will be trained in the services which are available through the PATH program. They will be encouraged to make referrals to the outreach worker and to support referrals from the outreach worker for individuals who are appropriate and eligible for mental health or substance abuse services.

Case management services

Case management services focus on helping homeless individuals to apply for and to obtain public assistance including Medicaid in order to become eligible for ongoing mental health and/or substance abuse treatment services. Once a homeless person obtains benefits, PATH services will focus on facilitating intake appointments and entry into ongoing mental health or co-occurring disorder treatment.

Referral for primary health services

People without housing often have other health conditions that require primary health intervention. PATH funds will enable program staff to help individuals to access

appropriate medical care from primary care physicians. The local Community Health Clinic (Sea Mar) serves homeless individuals requiring primary health care. Sea Mar is also able to provide limited mental health care to people presenting without severe and persistent mental health diagnoses.

Housing services

Outreach staff will work to assist identified individuals to enter the continuum of housing services in Thurston and in Mason counties. These services include motel voucher programs, emergency shelters and transitional housing programs. BHR also participates in local planning groups which assesses housing local housing needs and seeks to secure funds for program expansion in identified areas of need.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Over the years BHR in both Thurston and Mason Counties has developed an extensive network of community partners. BHR participates in all of the forums in Thurston County, which address the needs of homeless people.

BHR is in close partnership with the Thurston County Housing Authority, Salvation Army, Bread & Roses, and United Ministries among others. The local Housing Authority provides special housing funds through the HOME program. In the HOME program BHR provides case management funds to the housing authority to facilitate access for qualified mentally ill individuals into appropriate housing.

BHR retains an active partnership with several medical clinics and with Sound Home Care, which is the local home health agency. In addition, BHR provides the community with mental health and chemical dependency services. When appropriate, PATH eligible individuals will be referred directly into BHR services.

BHR will assure that PATH enrolled consumers are screened for all possible benefits, including at a minimum:

- a.) Services provided through the RSN including emergency, psychiatric and medical, residential, employment and community support services;
- b.) Housing services and resources;
- c.) Veterans' services
- d.) Medical services
- e.) Substance abuse services; and
- f.) Vocational Rehabilitation services.

BHR Mason County maintains an active partnership with United Way and its participating agencies. Most active are Mason Matters; a community coordination network, which has membership from most of the human services in Mason County.

In addition, BHR has specific, ongoing and active collaborative relationships with:

Inpatient psychiatric services at the Thurston County Evaluation and Treatment facility Evaluation and Treatment Unit and Providence St. Peter Hospital Inpatient Psychiatry Unit and is in close contact with BHR enrolled clients who are at Western State Hospital,

Employment services through BHR's Pathways program, the Capitol Clubhouse and through Vocational Rehabilitation,

Housing Services through Thurston County Housing Authority and Mason County Housing Authority as well as referrals to Home and Community Services for housing in Adult Family Homes, as well as with Mason Matters and United Way,

Medical Services through referrals to the Community Health Clinic (Sea Mar),

Veteran's Services through the Washington State Department of Veteran's Affairs,

Substance Abuse Services through BHR's Recovery Services, Thurston County Drug and Alcohol Services, Providence Chemical Dependency Services and ADATSA,

d. gaps in current service systems:

The provision of shelter opportunities including emergency, transitional and long term housing is a need of this community. BHR continues to partner with Thurston County Housing Authority, among others, and with Mason Matters, United Way, and Thurston/Mason RSN around this issue.

In order to attempt to deal with the gap which exists in affordable housing for low income people challenged by mental illness, BHR, last year with the support of its community partners, successfully competed for a housing grant through the state Department of Community Trade and Economic Development. As a result of that grant BHR is currently in the midst of demolishing an apartment complex with the intent to remodel it into approximately 40 single bedroom units which will serve mentally ill clients who are currently homeless, at Western State Hospital, or living in substandard housing.

A continuing gap for people with mental illness is access to employment services. Because the limited economic resources in our area this has become an area of increasing concern. Mason Matters has established this issue as a priority for the county. If enrolled PATH participants can become eligible for RSN services they could be considered for Supported Employment Services.

The Capitol Clubhouse, located in Thurston County, is a consumer peer run clubhouse based on the Fountain House model. Its services are available to those individuals who are mentally ill and in need of job skill training and socialization activities. The Clubhouse offers skill development and training in several areas; food service, janitorial, and office skills. The goal is to get individuals employed as well as stable in their housing situation.

A large gap in our community is the scarcity of services available to people who are not eligible for Medicaid and therefore not eligible for ongoing mental health and physical health care. This gap will likely widen with recent and stricter interpretations of federal Medicaid rules.

- e. services available for clients who have both a serious mental illness and substance use disorder;

BHR provides both mental health and substance abuse treatment services in both of their facilities in Thurston and Mason Counties. To access these services, the homeless outreach worker is charged with seeking out those homeless people who appear challenged by these disabilities. Every effort is made to engage these people to support them in applying for Medicaid benefits and in entering them into services using the new Access to Care Standards.

Substance Abuse Services for individuals with proper funding are available through BHR's Recovery Services, Thurston County Drug and Alcohol Services, Providence Chemical Dependency Services and ADATSA. Individuals are referred and then supported in applying through DSHS for funding in order to access these services.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

In addition to the housing grant cited above, Thurston County Housing Authority and Mason County Housing Authority (which is a local office of Kitsap Housing Authority) fund HOME certificates that provide rental assistance to BHR enrolled clients challenged by mental illness. Priority is given to people who are homeless.

Home and Community Services has limited funding through the Project Access program which provides housing certificates to people discharged without a home from nursing homes and long term inpatient settings.

BHR maintains two apartment complexes in Thurston County: Tumwater Cove has 8 apartment units and the B&B has 16. Priority is given to homeless people discharged from WSH or who are mentally ill and homeless. Several apartment houses clustered near the BHR Mason County Shelton Office have been helpful in providing housing and coordinating support services with case managers at BHR.

- 4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

BHR is an active participant in the HUD Continuum of Care program and in the organization Mason Matters. BHR participates in the annual updates to the community Continuum of Care and advocates with local funding sources and developers to establish programs to provide affordable housing. BHR participates in planning for residential options especially for those targeted individuals challenged by severe and persistent mental illness so that they may be able to live in our community in an appropriate setting of

their choice. BHR has a strong working relationship with emergency shelter providers, which enhances their willingness to work with the clients.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix H: "SAMHSA Guidelines for Cultural Competence.")

The population for Thurston County in 2005 was more than 218,500 people. Of those, 87% are identified as white, 5% Hispanic Origin, 2% American Indian, 5% Asian, 1% Hawaiian and Other Pacific Islander, 3% Black, and 3% identify themselves as representing two or ethnic groups.

The population for Mason County in 2005 was over 50,800. Ninety-one percent are identified as white, 5% Hispanic Origin, 4% American Indian, 1% Asian, 1% Hawaiian and Other Pacific Islander, 1% Black, and 2% identify themselves as representing two or ethnic groups.

Along with all BHR agency personnel the outreach staff receive extensive training in sensitivity to racial, ethnic and cultural competence issues. Throughout its system BHR has a diversity of staff and also the ability to call upon cultural minority specialists not represented within the staff.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

The TMRSN Advisory Board actively seeks citizens of Mason County to join with citizens from Thurston County. The Advisory Board counts among its members several consumers, consumer family members and advocates. Advisory Board members are directly involved in the planning and evaluation of regional services.

The TMRSN Quality Review Team, which is staffed by consumers, is active in soliciting consumer satisfaction information from a sampling of all people who seek or receive services from TMRSN agencies.

The BHR Board of Directors seeks membership from Thurston, Mason, and Grays Harbor Counties.

In May of each year as part of the celebration of Mental Health Month TMRSN invites community individuals, consumers, friends and family to participate in a Mental Health Fair. The agenda addresses, among other issues, an invitation to evaluate mental health services in the Thurston and Mason area, how to become a peer counselor, access and availability of mental health services and how to have a voice in determining the direction of mental health care in Thurston and Mason counties.

Washington State PATH Application 2006
Thurston/Mason RSN -- Behavior Health Resources

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		\$28,684.00	\$11,342.00			\$40,026.00
b. Fringe Benefits		\$9,739.00	\$1,869.00			\$11,608.00
c. Travel		\$2,666.00	\$1,334.00			\$4,000.00
d. Equipment		\$250.00	\$510.00			\$760.00
e. Supplies		\$347.00				\$347.00
f. Contractual		\$3,553.00				\$3,553.00
g. Construction						\$0.00
h. Other						\$0.00
i. Total Direct Charges (sum of 6a - 6h)		\$45,239.00	\$15,055.00			\$60,294.00
j. Indirect Charges		\$564.00	\$564.00			\$1,128.00
k. TOTAL (sum of 6i and 6j)		\$45,803.00	\$15,619.00			\$61,422.00
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Emergency Shelter Grant Program					
9. Thurston-Mason Regional Support Network					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	22. Indirect Charges:				
23. Remarks					

Washington PATH Application 2006
Thurston-Mason RSN – Behavioral Health Resources

Budget Narrative to accompany the SF-424 Budget Sheet

a. Personnel

This amount covers the salary of one full-time outreach worker. The position is currently held by a mental health professional with at least five years of experience in providing outreach services to homeless mentally ill individuals who may also have co-occurring chemical addiction issues.

b. Fringe Benefits

This category provides the full range of employee benefits which are included in agency policies. These benefits include vacation, sick leave, education leave, medical and dental care, retirement plan and professional liability insurance.

c. Travel

The outreach worker is reimbursed for PATH related travel in her vehicle using agency approved rates for mileage. Travel is reimbursed for travel throughout Thurston and Mason counties and for attendance at meetings and conferences.

d. Equipment

The federal portion of this line item is for the Palm Pilot equipment. The match amount shown on the budget pays for the outreach worker's cell phone.

d. Supplies

Supplies include expendable office supplies needed by the outreach worker to provide the program, to document services and to maintain records required by the agency.

e. Contractual

This line item is the specific amount budgeted for Northwest Resource Associates for data collection services.

j. Indirect Charges

The administrative costs of this program are assigned to this category. The amount budgeted is 1.85% of the total budget which is well under the 4% allowed by federal requirements.

Match Requirements

The match amounts shown in this budget are all local cash funds. There are no in-kind match funds included.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

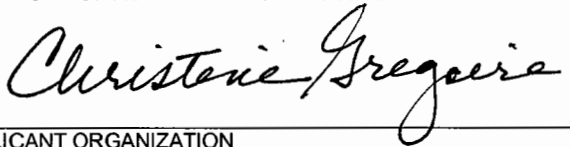

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction sub-agreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		TITLE Governor 
APPLICANT ORGANIZATION Washington State Department of Social and Health Services, Mental Health Division		DATE SUBMITTED May 31, 2006

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

**5. CERTIFICATION REGARDING
ENVIRONMENTAL TOBACCO SMOKE**

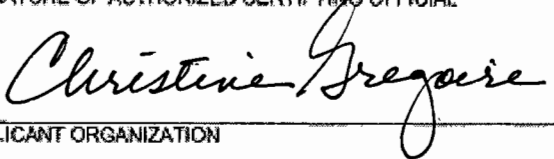
Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Governor	
APPLICANT ORGANIZATION WA DSHS Mental Health Division		DATE SUBMITTED May 31, 2006

Appendix F: Agreements

FISCAL YEAR 2006 PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State of Washington agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who

- (1) (a) are suffering from serious mental illness; or (b) are suffering from serious mental illness and have a substance use disorders; and
- (2) are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- (1) outreach;
- (2) screening and diagnostic treatment;
- (3) habilitation and rehabilitation;
- (4) community mental health;
- (5) alcohol or drug treatment;
- (6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- (7) case management services, including
 - (a) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - (b) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing

- (c) providing assistance to the eligible homeless individual in obtaining income obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - (d) referring the eligible homeless individual for such other services as may be appropriate; and
 - (e) providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- (8) supportive and supervisory services in residential settings;
 - (9) referrals for primary health services, job training, education services and relevant housing services;
 - (10) housing services [subject to Section 522(h)(1)] including
 - (a) minor renovation, expansion, and repair of housing;
 - (b) planning of housing;
 - (c) technical assistance in applying for housing assistance;
 - (d) improving the coordination of housing services;
 - (e) security deposits;
 - (f) the costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - (g) l-time rental payments to prevent eviction.
 - (11) other appropriate services, as determined by the Secretary.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly or through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The State agrees that grants pursuant to Section 522(a) will not be made to any entity that

- (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f). Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g). The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State agrees that

- (1) not more than 20 percent of the payments will be expended for housing services under Section 522(b)(10); and
- (2) the payments will not be expended
 - (a) to support emergency shelters or construction of housing facilities;
 - (b) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - (c) to make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of Federal funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a statement

- (1) identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;

- (2) containing a plan for providing services and housing to eligible homeless individuals, which
 - (a) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - (b) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- (3) describing the source of the non-Federal contributions described in Section 523;
- (4) containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- (5) describing any voucher system that may be used to carry out this part; and
- (6) containing such other information or assurances as the Secretary may reasonably require.

Section 527(a) (1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula Grant amounts for which the State is applying. This description

- (1) identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- (2) provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2007, prepare and submit a report providing such information as is necessary for

- (1) securing a record and a description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2006 and of the recipients of such amounts; and
- (2) determining whether such amounts were expended in accordance with the provisions of Part C - PATH.

Section 528(b).

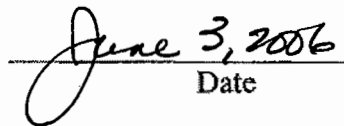
The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.


Governor


Date

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☐ NEW ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- | | Included | NOT Applicable |
|--|-------------------------------------|--------------------------|
| 1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE) | <input checked="" type="checkbox"/> | |
| 2. Proper Signature and Date on PHS-5161-1 "Certifications" page. | <input checked="" type="checkbox"/> | |
| 3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) | <input checked="" type="checkbox"/> | |
| 4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690) | | |
| <input type="checkbox"/> Civil Rights Assurance (45 CFR 80) | | |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | | |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | | |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | | |
| 5. Human Subjects Certification, when applicable (45 CFR 46) | <input type="checkbox"/> | <input type="checkbox"/> |

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- | | YES | NOT Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE? | <input checked="" type="checkbox"/> | |
| 4. Have biographical sketch(es) with job description(s) been attached, when required..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | <input checked="" type="checkbox"/> | |
| 6. Has the 12 month detailed budget been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the detailed budget address only the additional funds requested? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Name Richard Kellner
 Title Director
 Organization WA DSHS Mental Health Division
 Address P.O. Box 45320, Olympia, WA 98504
 E-mail Address kellner@dshs.wa.gov
 Telephone Number (360) 902-0790
(360) 902-7691
 Fax Number _____
 APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)
96-2124509

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program

Name C. H. Hank Balderrama
 Title Program Administrator
 Organization WA DSHS Mental Health Division
 Address P.O. Box 45320, Olympia, WA 98504
 E-mail Address baldech@dshs.wa.gov
 Telephone Number (360) 902-0820
(360) 902-7691
 Fax Number _____
 SOCIAL SECURITY NUMBER _____
 HIGHEST DEGREE EARNED
MSW

(OVER)

Appendix A

1. Outreach

The process of bringing individuals into treatment who do not access traditional services. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are homeless and have mental illnesses.

- Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.
- Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.
- Outreach may also include “inreach”, defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers.

2. Screening and Diagnostic Treatment

A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.

3. Habilitation and Rehabilitation Services

Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses/co-occurring disorders.

4. Community Mental Health Services

Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. This general category does not include case management, alcohol or drug treatment and/or habilitation and rehabilitation, since they are defined separately in this document.

5. Alcohol or Drug Treatment

Preventive, diagnostic, and other outpatient treatment services as well as support for people who have a psychological and/or physical dependence on one or more addictive substances, and a co-occurring mental illness.

6. Staff Training

Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, substance abuse programs and other sites regarding the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices.

7. Case Management

Services that develop case plans for delivering community services to PATH eligible recipients. The case plans should be developed in partnership with people who receive PATH services to coordinate evaluation, treatment, housing and/or care of individuals, tailored to individual needs and preferences. Case Managers assist the individual in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc.

8. Supportive and Supervisory Services in Residential Settings

Services provided in residential settings that are designed to support individuals during their transition into mainstream services.

Housing Services

Specialized services designed to increase access to and maintenance of stable housing for PATH-enrolled individuals who have significant or unusual barriers to housing. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities.

9. Minor Renovation: Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.

10. Planning of Housing: Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.

11. Technical Assistance in Applying for Housing Services: Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.

12. Improving the Coordination of Housing Services: The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.

13. Security Deposits. Provision of funds for PATH-enrolled individuals who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in.

14. Costs associated with matching eligible homeless individuals with appropriate housing situations. Expenditures made on behalf of PATH-enrolled individuals to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items

such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.

15. One-time rental payments to prevent eviction. One-time rental payments are made for PATH-enrolled individuals who cannot afford to make the payments themselves, who are at risk of eviction without assistance and who qualify for this services on the basis of income or need.

16. Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services

Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.

Appendix B

**Community Outpatient Services
Non-Medicaid Served by RSN**

Community Outpatient Penetration Rates - Non-Medicaid Population by RSN.									
RSN	Served	FY-2003 Population	Rate	Served	FY-2004 Population	Rate	Served	FY-2005 Population	Rate
Northeast	737	69,874	1.10%	566	70,074	0.80%	269	70,074	0.40%
Grays Harbor	606	68,802	0.90%	873	69,203	1.30%	552	69,203	0.80%
Timberlands	1,665	95,223	1.70%	1,617	95,474	1.70%	1,036	95,474	1.10%
Southwest	1,821	94,852	1.90%	1,769	95,303	1.90%	1,574	95,303	1.70%
Chelan/ Douglas	1,158	101,654	1.10%	987	102,605	1.00%	755	102,605	0.70%
North Central	895	133,689	0.70%	1,079	134,588	0.80%	1,152	134,588	0.90%
Thurston/ Mason	1,409	265,707	0.50%	1,574	269,308	0.60%	1,438	269,308	0.50%
Clark	1,833	373,354	0.50%	1,559	383,305	0.40%	1,644	383,305	0.40%
Peninsula	2,639	329,310	0.80%	2,831	332,413	0.90%	2,881	332,413	0.90%
Spokane	3,548	428,805	0.80%	2,819	432,005	0.70%	2,033	432,005	0.50%
Greater Columbia	6,623	620,736	1.10%	7,700	630,391	1.20%	6,961	630,391	1.10%
Pierce	6,274	734,522	0.90%	6,442	744,024	0.90%	5,540	744,024	0.70%
North Sound	5,555	1,006,922	0.60%	5,429	1,020,823	0.50%	5,236	1,020,823	0.50%
King	8,724	1,781,358	0.50%	9,434	1,788,352	0.50%	9,013	1,788,352	0.50%
MHD/ Unassigned	0			67			0		
Statewide	42,860	6,104,807	0.70%	44,113	6,167,868	0.70%	39,463	6,167,868	0.60%

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Appendix C

Homeless People Served By Regional Support Network

Living Situation: Adults (18+ yrs.)									
RSN	Homeless	FY- 2003 Served	Percent	Homeless	FY- 2004 Served	Percent	Homeless	FY- 2005 Served	Percent
Northeast	60	1,439	4.20%	36	1,181	3.00%	41	924	4.40%
Grays Harbor	62	1,554	4.00%	58	1,523	3.80%	40	1,541	2.60%
Timberlands	163	3,354	4.90%	134	3,082	4.30%	108	2,231	4.80%
Southwest	324	3,427	9.50%	199	3,189	6.20%	218	2,957	7.40%
Chelan/ Douglas	145	1,958	7.40%	114	1,759	6.50%	129	1,538	8.40%
North Central	60	1,849	3.20%	52	2,157	2.40%	58	2,258	2.60%
Thurston/ Mason	199	3,345	5.90%	238	3,608	6.60%	211	3,585	5.90%
Clark	282	4,440	6.40%	179	4,225	4.20%	220	4,550	4.80%
Peninsula	274	5,203	5.30%	271	5,612	4.80%	317	5,855	5.40%
Spokane	484	7,293	6.60%	441	6,936	6.40%	499	6,327	7.90%
Greater Columbia	373	11,657	3.20%	599	13,161	4.60%	607	12,837	4.70%
Pierce	1,394	10,476	13.30%	1,202	10,635	11.30%	985	9,720	10.10%
North Sound	760	13,097	5.80%	653	12,307	5.30%	692	11,942	5.80%
King	2,954	23,413	12.60%	2,984	24,907	12.00%	3,268	24,218	13.50%
MHD/ Unassigned	0	0	.	7	57	.	0	0	.
Statewide	6,895	90,430	7.60%	6,574	92,250	7.10%	6,765	88,348	7.70%

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